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ABSTRACT

This resource guide provides curriculum and instructional information to facilitate the development of alcoholism counselor preparation programs, and is intended to be used by those responsible for manpower development, education, and training, i.e., educational planners and counselor educators, state agency personnel, and credentialing organization board members. The guide is organized in four sections and four appendices. Section 1 provides an overview and introduction to the guide, which describes the purpose, and the potential users of PACE, and summarizes the content of the succeeding sections. Section 2 contains 48 activity statements that describe alcoholism counseling. These statements are grouped into 12 functional headings; the first 7 headings are activities that deal with direct client-counselor interaction (e.g., family counseling, group counseling, assessment); the 5 remaining headings are activities that counselors perform to insure the quality and continuity of the counseling process (e.g., professional conduct, documentation, education). Each activity statement is followed by a description of knowledge, skills, and attitudes necessary to perform that activity. Section 3 presents five categories of topics, in instructional units related to the 48 activity statements; each includes a rationale for the content, a content outline, suggested instructional activities, and a partial list of resources. A foldout is provided which displays the units in outline form under appropriate categories. Section 4 addresses issues that must be considered in planning an educational program in alcoholism counseling (i.e., the philosophy of instructional design, and the necessary characteristics of a formal alcoholism counselor education program). Appendix A describes the activities of alcoholism counseling; Appendix B suggests resources for evaluating student performance; Appendix C provides ordering information for materials listed as resources for the instructional units; and Appendix D presents the desired counselor attitudes from Section 2, listed by activity. (WAS)

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Planning Alcoholism Counseling Education

A curriculum and instructional resource guide

(PACE)

developed by
National Center for Alcohol Education

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
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A Note to Users

PACE is not a training program as customarily developed by NCAE, nor is it a manual on how to develop a training program. Rather it is a resource manual of curriculum and instructional information that can be used in a variety of ways.

The user guide below has been developed to help you determine whether or not the information contained in PACE will be helpful to you without reading through the entire book. If your preliminary inspection shows that you can use PACE, then review the Contents and read Section One to learn about the other features of PACE and how the book is organized.

IF YOU WANT	**THEN**
. . . a description of alcoholism counseling as defined in PACE . . .	see Appendix A, page 187.
. . . to develop a course in some aspect of alcoholism counseling (e.g., family) . . .	locate the topic in the index to find the related Instructional Units for an overview of the content; select the content areas appropriate to the needs of your target audience; refer to the Related Activities, listed by number at the beginning of each unit and contained in Section Two, to derive instructional objectives from the activity statements and the related knowledge, skills, and attitudes; read Section Four, Issues to Consider in Developing or Selecting an Instructional Program, on page 177; if appropriate, refer to Appendix B, Resources for Assessment and Evaluation, on page 197 to find ideas for assessing counseling skills; review the suggested instructional activities, resources, and additional references in each of the Instructional Units you have selected as a basis for developing content and selecting methodology.

(Continued inside the back cover)

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Introductory Remarks

by Loran D. Archer, Acting Director
National Institute on Alcohol
Abuse and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has long recognized the importance of professional development of alcoholism counselors and supported efforts to foster that development. Professional development of alcoholism counselors is a significant factor in promoting high quality care for clients, gaining recognition of counselors for their contribution to recovery, and obtaining third-party payment for alcoholism treatment.

Professional growth of any profession is a complex process and depends on developments in several areas. The move toward professional development of alcoholism counselors has been furthered by the development of credentialing standards through the initiative and dedication of alcoholism counselors; a more systematic match between treatment needs and human resources through the State Manpower Development Program funded by NIAAA; and improvement of educational opportunities in alcoholism counseling through materials and trainer development by the National Center for Alcohol Education (NCAE).

PACE is another step forward in the improvement of educational opportunities. It provides a resource which the States, alcoholism counselor credentialing bodies, and institutions of higher education can use to make instructional programs more relevant to the job of alcoholism counseling, increase their number, and create greater consistency among programs. NIAAA is proud to commend this resource to the alcoholism and educational communities to further the professional development of alcoholism counselors.

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by David W. Oughton, Executive Director
National Association of Alcoholism Counselors

Almost since its inception, the National Association of Alcoholism Counselors (NAAC) has been the recipient of letters from across the country asking the same question: "How can I become an alcoholism counselor?" Ask that of today's counselors and you will get answers born of their individual experiences ranging from "a happening" to long apprenticeship, and from on-the-job-training to monastic scholarship. The preparation of alcoholism counselors has too frequently been characterized by wide variation and happenstance.

Planning Alcoholism Counseling Education (PACE) offers a more systematic approach to alcoholism counselor preparation. It is a planning tool--a compendium of fundamental alcoholism counseling knowledge and skills matched to instructional resources. In short, it is a map of the area. This document may be used to assist curriculum planners and educators to develop instructional programs, credentialing boards to assess courses submitted by counselors for certification, and individual counselors to make decisions about continuing education. PACE is limited only in that it is not designed to serve as an actual curriculum. Curriculum decisions will depend upon such factors as time available, the target population, and the instructional setting.

It is important to establish continuity and consistency in all areas of alcoholism counseling. In the following pages you will find a selection of threads from which to begin weaving consistent instructional programs.

by Anne D. Robertson, Co-Chair
Training and Resource
Development Committee
National Association of State Alcohol
and Drug Abuse Directors

The National Center for Alcohol Education has developed a much needed document, Planning Alcoholism Counseling Education (PACE). From my vantage point in a State alcohol abuse and alcoholism agency, I have witnessed a phenomenal growth over the past decade in the number and types of alcoholism treatment programs. As these treatment programs have emerged there has been an ever increasing demand for competent alcoholism counselors to staff them.

Training is one basis for competency. In the alcoholism counseling field one problem with training has been the lack of a universally accepted base of knowledge. The result of this has been that when an individual states, "I am a trained (certified, credentialed, or licensed) alcoholism counselor," the recipient of this information can only guess at what that statement encompasses.

PACE, which is intended to be utilized by those educators and trainers interested in developing or expanding alcoholism counseling courses, should also facilitate consistency in the development of the standards of this profession. In this way, PACE addresses the concerns of the National Association of State Alcohol and Drug Abuse Directors Training and Resource Development Committee.

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Preface

The past decade has been one of remarkable progress, expansion, and change in the alcoholism field. Significant among the many developments during this period has been the emergence of a new profession--alcoholism counseling. Alcoholism counselors, the largest single group of practitioners in the field, have become the backbone of the alcoholism services delivery system.

The growing prominence of alcoholism counselors is reflected in the establishment of national and State professional associations and in the growing number of State credentialing organizations being formed to set standards for practice and to identify individuals who meet those standards.

The professional development of alcoholism counselors has created a demand by counselors for education and training programs to fulfill educational requirements for credentialing and to meet recertification requirements.* The development of relevant instructional programs has not kept pace with the demand.

Educational institutions interested in developing or expanding their offerings in alcoholism counseling are sometimes hampered by lack of information and/or resources for extensive program development. State Alcoholism Authorities, counselor associations, and certification associations, which may offer or be sought out for guidance, are sometimes hampered by lack of time and/or experience in instructional theory and practice.

This document is intended to address the needs of these groups for information, resources, and guidance to develop educational programs in alcoholism counseling. It is offered not as a model or an ideal but as a set of guidelines to be freely adapted and modified in the creation of more consistent educational programs for the professional development of those who counsel alcoholic clients.

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*Credentialing, certifying the competence of an individual to work in a given field, is accomplished by licensure and certification. Licensure, established by legislation, determines who may practice and use a professional title. Certification, granted by voluntary professional groups, involves setting standards of competency to practice and assessing individual adherence to the standards. Certification is the predominant mode of credentialing alcoholism counselors. The terms credentialing and certification are used interchangeably throughout this document.

The origins of this document, another step in the evolution of alcoholism counseling as a profession, can be traced back to the early seventies. The National Center for Alcohol Education (NCAE) was founded in 1973 by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which was itself created by the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. This Act resulted from the recognition by Congress of the need for a massive Federal effort to combat alcoholism. NCAE was created to develop and provide model education and training programs for the alcoholism field, thereby furthering the Federal effort to expand and improve alcoholism services nationwide.

Also at the national level, the publication in 1974 of the Proposed National Standards for Alcoholism Counselors (Littlejohn Report) represented the first large-scale effort in the alcohol field to define minimum professional requirements to be used in a voluntary certification program and laid the foundation for future efforts. Also in 1974, alcoholism counselors formed a professional association which is known today as the National Association of Alcoholism Counselors.

In January 1976, NIAAA convened a panel to "(1) identify the issues relevant to credentialing alcoholism counselors and (2) make recommendations to the field of alcoholism as to how it should proceed with the credentialing issue." The work of this panel (sometimes referred to as the Finger Panel) is documented in the Final Report of the ADAMHA/NIAAA Planning Panel on Alcoholism Counselor Credentialing published in February 1977.

Developments in alcoholism counselor credentialing on the State and regional levels were taking place concurrently with these national activities. In many of the States, counselor groups and others proceeded to establish certification standards and procedures, and organizations responsible for administering those standards and procedures. Frequently the recommendations of the Littlejohn Report were used as a point of departure by the State credentialing groups. A few States negotiated reciprocity agreements so that certification awarded in one State would be recognized by other participating States.

The field of alcoholism counselor education and training experienced a comparable level of activity during this time. A multitude of education and training programs in addition to those of NCAE have been developed and delivered. Their sponsors are national and local groups both public and private. The programs are long-term or short-term events in a variety of settings: summer schools, academic institutions, weekend workshops, specialized treatment/training programs. Credit, a certificate, or an academic degree may be awarded to participants. Two groups, one in the East and one in the Midwest, have established standards for accrediting counselor training programs. The one in the East was a pilot project of the Eastern Area Alcohol Education and Training Program Inc. The one in the Midwest, Chemical Dependency Training Program Accreditors, is regional in scope.

Clearly many groups on many levels are working on the various elements that will ultimately constitute a coherent, comprehensive approach to the professional development and recognition of alcoholism counselors. Almost every State has some form of credentialing for alcoholism counseling. Efforts continue to develop national credentialing standards. The number and quality of education programs have increased. However, much more needs to be done.

The development of a curriculum guide for alcoholism counseling is a logical next step in the area of alcoholism counselor education and training. NIAAA designated this task as part of NCAE's scope of work for the 1980-1981 contract year in support of the Institute's long-standing goal to foster the professional development and recognition of alcoholism counselors as a means to expand and upgrade the quality of alcoholism treatment services. The task builds on the work of NIAAA and a number of individuals and other organizations that have been working and are continuing to work toward defining the roles and functions of the alcoholism counselor, describing the knowledge and skills an alcoholism counselor needs to perform these roles and functions, and establishing standards and procedures to certify that individuals are qualified to perform them.

A great many people have contributed to the development of PACE. The National Association of Alcoholism Counselors helped us locate alcoholism counselors and certification board members to review the first draft of PACE, and they provided support and encouragement throughout the project.

Special acknowledgement is expressed here to the reviewers of the first draft of the alcoholism counseling activity statements:

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National Center for Alcohol Education
National Institute on Alcohol Abuse and Alcoholism

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SECTION ONE: OVERVIEW

Section One: Overview

PURPOSE

The purpose of Planning Alcoholism Counseling Education(PACE): A Curriculum and Instructional Resource Guide is to facilitate the development of alcoholism counseling education and training programs. Specifically, it is hoped that use of PACE will:

- Increase the number of programs available;
- Promote development of courses that are more closely related to the job of alcoholism counseling;
- Promote more consistent course offerings among institutions; and
- Help to identify areas of commonality with other human service disciplines, thereby making course planning and credit transfer more flexible.

While the primary purpose is to expand and improve programs offered by academic institutions, PACE is also applicable to the range of other organizations providing instructional programs in alcoholism counseling. These include continuing education; summer schools of alcohol studies; inservice programs; specialized alcoholism counselor training programs (e.g., Hazelden and Johnson Institute); and Federal, State, and private agency-sponsored workshops.

POTENTIAL USERS

The primary target audiences for this document are those responsible for manpower development, education, and training including:

- Educational planners and counselor educators - persons responsible for developing and/or conducting instructional programs in any setting.
- State Agency personnel - persons responsible for manpower planning and development and those interested in fostering the development of educational programs in their State. Specific job titles include State Training Officer, State Training Support Program Coordinator, and State Manpower Coordinator.

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- Credentialing organization board members - persons who participate in defining educational requirements and evaluating courses submitted to meet those requirements and who may be asked to provide program development assistance to academic institutions and other instructional program providers.

Other potential users include alcoholism counselors, State alcoholism counselor associations, supervisors, career counselors, curriculum committees, and deans.

CONTENT AND ORGANIZATION OF THE CURRICULUM GUIDE

PACE is organized into four sections and four appendixes.

Section One, Overview, provides an introduction to the curriculum guide. It describes the purpose and potential users of PACE and summarizes the content of the succeeding sections.

Section Two, Alcoholism Counseling Activities and Related Knowledge, Skills, and Attitudes, contains statements of the activities of alcoholism counseling that are the basis for the instructional units in Section Three. The 48 activity statements are organized under 12 functional headings and each statement is followed by a description of the knowledge, skills, and attitudes necessary to perform that activity.

Educational planners will find the activity statements useful as a description of the on-the-job performance expected of alcoholism counselors and as a basis for formulating instructional goals and objectives. Certification boards can compare these statements to their certification requirements to determine the extent of relevance of this curriculum guide to the educational needs of alcoholism counselors in their States.

Section Three, Instructional Units, presents five categories as the organizational scheme for the topics that encompass the knowledge, skill, and attitude items related to the 48 activity statements. These topics are further organized into instructional units. The foldout on page 57 displays the instructional units in outline form under the appropriate categories.

The instructional units follow in the sequence they appear in the outline. Each unit begins on a separate page and includes a rationale for the content, a content outline, suggested instructional activities, and a partial list of resources. Each unit is also keyed by number to related activity statements.

Educational planners will use this section in the development or revision of programs, courses, and units. Certification groups may use this section either to describe or to assess courses that will be accepted toward certification. Individuals may use this section as a guide to selecting a course in alcoholism counseling and locating resources for individual study.

Section Four, Issues to Consider in Developing or Selecting an Instructional Program, addresses issues that must be considered in planning an educational program in alcoholism counseling. While these issues are not directly related to the curriculum, they contribute to the conduct and outcome of instructional activities. The way these issues are reflected in a given educational program will depend on the purpose of the sponsoring agency, the nature and length of the instructional program, and the characteristics and purposes of the learners. For example, an educational institution that awards a certificate, a degree, and/or continuing education units (CEUs) will be concerned about all aspects of a formal education program--administrative, instructional, and evaluative. A staff development coordinator planning an inservice training program in a treatment agency will be concerned primarily with instructional aspects.

The first part of Section Four discusses the philosophy and common themes that must be reflected throughout the curriculum. For example, underlying this curriculum is the belief that the counselor is a key ingredient in the counseling process. Therefore, it is assumed that an instructional program based on this curriculum guide will include opportunities for students to develop awareness of their own values, beliefs, and feelings; to periodically assess their level of knowledge and skills; and to participate in activities that will foster their personal and professional growth.

The second part of Section Four describes the characteristics of a formal education program generally accepted as necessary to create a setting conducive to optimum performance by faculty and students.

Section Four may be useful to of a variety of readers. Educational planners can use it as an assessment checklist for an existing program or as a planning checklist for a new program. State agency personnel and certification boards may use it as an orientation to the elements of a sound alcoholism counseling education program. Individual counselors may use it as a checklist of elements to look for in selecting an educational program.

Appendix A, Alcoholism Counseling Activities, describes the activities of alcoholism counseling synthesized from many sources as a starting point for development of the curriculum guide. This is the same list that appears in Section Two without the knowledge, skills, and attitudes related to each activity.

A brief introduction includes the definition of alcoholism counseling developed for this program and a description of the process for deriving the activity statements.

Appendix B, Resources for Assessment and Evaluation, suggests resources for evaluating student performance. Emphasis is on methods for assessing student abilities to use communication skills, conduct an assessment interview, or make interventions in a group because they are more difficult to create and administer.

Appendix C, Ordering Information, contains the names and addresses of organizations where the films, training packages, and other materials listed as resources for instructional units can be obtained. Also included are addresses of the organizations that publish materials for both counselor and client education.

Appendix D, Attitudes Related to Alcoholism Counseling, contains the attitudes listed by activity in Section Two. In the appendix they are listed by category for general interest and convenience and as a way of conveying the assumptions about alcoholism counseling that underlie the development of PACE.

SECTION TWO: Alcohol Counseling Activities and Related Knowledge, Skills, and Attitudes

Section Two: Alcoholism Counseling Activities and Related Knowledge, Skills, and Attitudes

INTRODUCTION

This section contains the 48 statements that describe the activities of alcoholism counseling. It also contains the knowledge, skills, and attitudes related to the performance of these activities. The activity statements alone are listed in Appendix A with a brief statement of how the activities were derived and a definition of alcoholism counseling as formulated for the purposes of this document.

The activities are grouped under 12 functional headings:

Counseling Communication/Interaction

Assessment

Treatment Planning and Case Management

Family Counseling

Group Counseling

Referral

Termination

Professional Conduct

Documentation

Observing Laws, Regulations, and Policies

Prevention

Education

The first seven headings contain activities that involve direct client-counselor interaction. The remaining five contain activities that a counselor performs individually or with other helping persons to insure the quality and continuity of the counseling process.

In instances where two consecutive activities have the same knowledge, skills, and attitudes they are grouped together (see items 1 and 2). In instances where nonconsecutive activities have common knowledge, skills, and attitudes, the listing is repeated and reference is made to the activity that appears first (see item 20).

Counseling Communication/Interaction

1. Communicate qualities of empathy, genuineness, respect, and concreteness verbally and nonverbally in interactions with clients.

2. Use communication skills (e.g., attending, paraphrasing, reflection of feeling, summarizing, probing, self-disclosure, confrontation, interpretation) appropriately and effectively in interactions with clients.

Knowledge

- Theories of helping, such as psychoanalytic, phenomenological, behavioral, rational-emotive
- Essentials of helping model, such as Carkhuff or Egan
- Theories and techniques of communication
- Relationship between communication skills and helping qualities
- Definition and purpose of communication skills
- Principles and techniques of feedback

Skills

- Ability to empathize with the client's experience and communicate that empathy
- Ability to be aware of feelings toward client and to behave toward client in a consistent, constructive manner
- Ability to express respect for client's worth as a person
- Ability to use communication skills appropriately in client interactions
- Ability to give feedback

Attitudes

- A consistent framework for counseling can improve client/counselor interaction.
- The counselor's level of functioning in interactions with the client is related to client change.
- Clear and precise communication is essential to the helping relationship.

Counseling Communication/Interaction

3. Maintain personal awareness of how client statements and behaviors affect the counselor and how the counselor's behavior and feelings affect the treatment process.

Knowledge

- Concepts of transference and countertransference
- Implications of transference and countertransference for client/counselor relationship
- Relationship between feelings and behavior
- Effect of counselor's feelings and behavior on the helping relationship
- Personal attitudes, values, and feelings
- Role of clinical supervision

Skills

- Ability to recognize counselor and client feelings, their sources, and their impact on the counseling relationship
- Ability to deal with feelings constructively
- Ability to discuss feelings about clients with colleagues and supervisor in an open, honest manner

Attitudes

- Self-awareness is essential to being an effective counselor.
- Sharing feelings can help to foster self-awareness.

4. Create a climate in which clients can raise and discuss sexuality and other sensitive issues.

Knowledge

- Human sexual function/dysfunction (e.g., anatomy, physiology, psychology)
- Cultural/societal values and impact on human sexual behavior
- Personal values on sensitive issues (e.g., spirituality, sexuality, abortion, suicide, domestic violence)
- Effects of alcohol and drugs on human sexual function
- Legal and clinical aspects of rape, abortion, domestic violence, etc.

Skills

- Ability to use clinical terminology correctly
- Ability to demonstrate acceptance of and comfort with sensitive issues
- Ability to elicit necessary information to make an assessment of nature and extent of the problem
- Ability to identify sexual dysfunctions associated with alcohol and drug abuse
- Ability to make appropriate referrals for dysfunctions not attributed to alcohol/drug abuse or which the counselor cannot handle
- Ability to recognize an appropriate time to discuss sensitive issues
- Ability to maintain nonjudgmental attitude in interactions with client

Attitudes

- Counselors should recognize and accept their own limits.
- Counselors should be aware of their own values/assumptions about human behavior.
- In effective counseling, the focus is on the whole person.
- An accepting, nonjudgmental attitude is an important attribute of a counselor.

Counseling Communication/Interaction

5. Use a systematic helping model as a framework for conducting the counseling process.

Knowledge

- Concepts of personality development
- Principles of a helping relationship
- Role of counselor and client
- Components of a helping model
- Phases of the helping process
- Issues and techniques related to each phase

Skills

- Ability to use communication skills
- Ability to communicate helping qualities
- Ability to assist the client in goalsetting, problemsolving, and decisionmaking
- Ability to begin, maintain, and end the helping relationship

Attitudes

- Human beings can change their behavior.
- The ultimate responsibility for the nature and direction of change lies with the client.
- A systematic counseling process helps make a counselor accountable.
- The counselor plays a role in helping the client change.

Counseling Communication/Interaction

6. Assist clients to recognize and overcome defenses, especially denial, that inhibit their realistic appraisal of their drinking and its consequences.

Knowledge

- Concepts of personality development
- Principles of a helping relationship
- Common defense mechanisms and their functions
- Physical, psychological, and social effects of alcohol
- Stages and characteristics of alcoholism
- The addictive cycle, including cross addiction
- Stigma associated with alcoholism
- Stages in the recovery process

Skills

- Ability to communicate helping qualities
- Ability to distinguish between functional and dysfunctional defenses
- Ability to apply various approaches to overcome denial
- Ability to recognize and confront client's defenses constructively

Attitudes

- Denial is frequently found in alcoholic individuals.
- Helping the client recognize his or her defenses and use them appropriately is the key to the recovery process.
- Extreme use of defenses can keep clients from realizing what their drinking is doing to them.
- Some defenses may serve a useful purpose.

Counseling Communication/Interaction

7. Support and assist clients in establishing and maintaining constructive and satisfying lives without alcohol.

Knowledge

- Stages in the recovery process, including critical periods
- Guidelines for assisting clients to maintain sobriety
- Signs of impending relapse
- Concepts of wellness, stress, and stress management
- Activities that contribute to achieving and maintaining physical and emotional health

Skills

- Ability to recognize signs of relapse
- Ability to assist client in handling a relapse
- Ability to assist client in maintaining sobriety
- Ability to model healthful behavior

Attitudes

- Recovery takes time.
- Recovery, though following a predictable pattern, varies for each individual.
- Relapse is not unusual in a chronic disease.

8. Handle special issues that arise in counseling such as intoxication during sessions, questions about the counselor's use of alcohol and other drugs, and inappropriate discussion of drinking experiences.

Knowledge

- Stages and characteristics of alcoholism
- Dynamics of the addictive cycle
- Counselor's attitude toward drinking and other drug use; intoxication
- Symptoms of intoxication

Skills

- Ability to respond appropriately to special issues
- Ability to use communication skills, especially confrontation and self-disclosure
- Ability to set limits with client
- Ability to handle intoxicated clients

Attitudes

- Counselors who choose to drink themselves need to be comfortable with their own drinking behavior.
- A counselor's personal choices need to be carefully appraised in terms of their impact on clients.

9. Help clients take responsibility for their own behavior.

Knowledge

- Principles of a helping relationship
- Dynamics and characteristics of client dependency
- Counselor behaviors that promote dependence and autonomy
- Goalsetting, problemsolving, and decisionmaking techniques
- Indications and procedures for contracting

Skills

- Ability to recognize and reduce client dependency
- Ability to model and teach goalsetting, problemsolving, and decision-making skills
- Ability to use contracting

Attitudes

- Healthy adults are autonomous.
- Personal responsibility is one goal of effective counseling.
- The counseling relationship can promote unhealthy dependency in clients.

Assessment

10. Conduct an initial contact with a potential client that will determine and meet the client's immediate physical, psychological, or social needs; result in a decision for preliminary action (admission or referral); and increase the likelihood for the client's entering treatment.

Knowledge

- Stages and characteristics of alcoholism
- Indications of emergency situations
- Modalities and resources for alcoholism treatment
- Criteria for admission to treatment
- Factors that foster or inhibit entry into treatment

Skills

- Ability to identify and respond to emergencies
- Ability to motivate client to seek help
- Ability to make decisions about immediate needs
- Ability to identify and reduce barriers to entry into treatment
- Ability to evaluate client need for service

Attitudes

- Alcoholism is a treatable disease.
- People are more important than policies.

Assessment

11. Conduct an assessment that encompasses physical, psychological, spiritual, social, environmental, and other factors as a basis for treatment planning.

12. Assess the family and/or significant others for the purposes of treatment planning including medical, social, psychological, interpersonal, and economic dimensions.

Knowledge

- Techniques of interviewing
- Stages and characteristics of alcoholism
- Signs of other drug abuse
- Alcohol/drug interactions; multiple and cross dependence
- Principles of the helping relationship
- Elements of a complete assessment (e.g., physical, psychological, social, environmental, spiritual, family)
- Human growth and development
- Concepts of personality development
- Differential diagnosis
- Theories/models of family interaction
- Family history and development such as
  - Birth order
  - Family structure
  - History
  - Extended family
- Family dynamics
- Impact of alcoholism on family and significant others

Skills

- Ability to adapt assessment process to individual client (timing, sequence, level, phrasing, and language)
- Ability to balance purpose of the interview with need to establish rapport
- Ability to communicate helping qualities
- Ability to use communication skills, particularly probing
- Ability to organize and analyze information
- Ability to elicit information from significant others
- Ability to see patterns in the interaction of family members

Attitudes

- Thorough and careful assessment is essential to effective treatment.
- Clients are individuals, each with a unique set of needs.
- The client has a right to dignity, respect, and privacy when divulging information.
- Alcoholism is a family disease.
- Successful treatment of alcoholism involves the whole family, not just the alcoholic.

13. Include in assessment cultural and value issues, both general and alcohol specific, of any special population(s) with which the client is identified.

Knowledge

- Implications of cultural differences for the counseling process
- Personal awareness of values, norms, and attitudes of own culture
- Personal attitudes towards other cultural groups
- Cultural variations in use and abuse of alcohol and related values and attitudes
- Major issues related to variables such as age, sex, economic status, sexual preference, and physical disability

Skills

- Ability to adapt the assessment process to cultural differences
- Ability to clarify client values and traditions in relation to alcohol abuse
- Ability to seek information in assessment that will help determine extent of client's identification with the cultural group
- Ability to identify client and/or counselor attitudes that may inhibit the counseling process

Attitudes

- Cultural differences are important, relevant, and deserving of attention.
- Assessment should consider the whole person.
- Everyone is raised with cultural values and biases of which they must be aware lest they interfere with the counseling process.

14. Arrange and conduct a structured intervention as appropriate to facilitate a client's entry into treatment.

Knowledge

- Principles, procedures, and conditions of a structured intervention
- Stages and characteristics of alcoholism
- Modalities and resources for alcoholism treatment
- Impact of alcoholism on family and significant others

Skills

- Ability to identify key people in the client's life
- Ability to gather appropriate information
- Ability to motivate and prepare participants
- Ability to assist participants to select appropriate treatment alternatives
- Ability to conduct an intervention meeting
- Ability to make appropriate referrals and follow-up

Attitudes

- Early intervention is desirable in effective treatment of alcoholism.
- Confrontation by significant others is useful in facilitating a client's entry into treatment.
- Intervention must not be used to satisfy one's own power needs.
- Intervention may fail.

Treatment Planning and Case Management

15. Work with the client to formulate goals, objectives, and acceptable alternatives for treatment that will increase the likelihood of a positive treatment outcome.

16. Consider a range of options in developing an individualized treatment plan, including the components of the continuum of care, the various treatment modalities, and formal and informal support groups.

17. Develop a complete, individualized treatment plan appropriate to client needs and resources identified in the assessment process, and acceptable to the client.

Knowledge

- Goals of treatment
- Components of treatment plan
- Steps in the recovery process
- Components of the continuum of care, including purpose, process utilized, rationale, and limitations of each
- Philosophy, goals, and practices of A.A., Al-Anon, Alateen, and other self-help groups
- Benefits and limitations of treatment modalities including individual, group, and family counseling, use of disulfiram, and education
- Other services (medical, social, financial, vocational) including client eligibility, referral procedures, follow-up mechanisms, and limitations of each service

Skills

- Ability to interpret client information
- Ability to identify problems and establish priorities
- Ability to involve the client in treatment planning
- Ability to match available resources to client needs
- Ability to make periodic assessment of progress and modify goals accordingly

Attitudes

- Realistic client goals will increase the chances for successful treatment of alcoholism.
- Effective treatment planning requires cooperation between the counselor and client.
- There is no one approach to treating alcoholism that has been shown to be superior to any others.
- Effective treatment plans are specific to client needs.
- Client goals may change over time and need to be reassessed.

18. Negotiate with the client, in a therapeutic manner, an appropriate and mutually agreed upon fee for service that may include third party reimbursement and other payment options, and periodically review the payment plan as part of the counseling process.

Knowledge

- Therapeutic value of client fees
- Payment options, including third party reimbursement
- Insurance procedures including forms, schedules, and deductibles
- Role of payment in the treatment process, for both client and counselor
- Current accepted rates for counseling services

Skills

- Ability to set or negotiate a fee for service
- Ability to fill out forms
- Ability to monitor payment schedule
- Ability to deal therapeutically with payment issues

Attitudes

- There is therapeutic value in a client's accepting responsibility for payment.
- Counselor attitudes about fee for service are important to a professional approach to work.
- A counselor's time has monetary value.

19. Adapt treatment approaches to a client's attitudes, lifestyle, economic situation, and values, taking into account any special population with which the client is identified (e.g., age, sex, ethnic or cultural background, sexual preference, disabling factors).

Knowledge

- The implications of cultural and other factors for alcoholism treatment
- Components of the continuum of care, including purpose, process utilized, rationale, and limitations of each
- Philosophy, goals, and practices of A.A., Al-Anon, Alateen, and other self-help groups
- Benefits and limitations of alcoholism treatment modalities including individual and group counseling, use of disulfiram, and education
- Other services (medical, social, financial, vocational) including client eligibility, referral procedures, follow-up mechanisms, and limitations of each service
- Treatment options designed for needs of special populations

Skills

- Ability to interpret client information in a cultural context
- Ability to adapt treatment approach to specific client need
- Ability to adapt helping approaches to accommodate cultural differences (e.g., touching, eye contact, and space)

Attitudes

- Effective treatment plans are geared to the client as an individual.
- Treatment approaches should consider the whole person.

20. Assess progress toward treatment goals periodically with client and modify treatment plans as indicated. (See items 15-17.)

Knowledge

- Goals of treatment
- Components of treatment plan
- Steps in the recovery process
- Components of the continuum of care, including purpose, process utilized, rationale, and limitations of each
- Philosophy, goals, and practices of A.A., Al-Anon, Alateen, and other self-help groups
- Benefits and limitations of treatment modalities including individual, group, and family counseling, use of disulfiram, and education
- Other services (medical, social, financial, vocational) including client eligibility, referral procedures, follow-up mechanisms, and limitations of each service

Skills

- Ability to interpret client information
- Ability to identify problems and establish priorities
- Ability to involve the client in treatment planning
- Ability to match available resources to client needs
- Ability to make periodic assessment of progress and modify goals accordingly

Attitudes

- Realistic client goals will increase the chances for successful treatment of alcoholism.
- Effective treatment planning requires cooperation between the counselor and client.
- There is no one approach to treating alcoholism that has been shown to be superior to any other.
- Effective treatment plans are specific to client needs.
- Client goals may change over time and need to be reassessed.

Family Counseling

21. Work with the family and significant others to help them understand alcoholism as a disease and its impact on them as individuals and on their relationships to one another; and help them plan and carry out steps that will improve individual and family health.

22. Refer family and significant others to Al-Anon, Alateen, and/or a family therapist or treatment specialist as appropriate.

Knowledge

- Theories/models of family interaction
- Impact of alcoholism and recovery on individuals and the family as a unit
- Concept of detachment
- Philosophy, goals, and practices of A.A., Al-Anon, Alateen, and other self-help groups
- Other services (medical, social, financial, vocational) including client eligibility, referral procedures, follow-up mechanisms, and limitations of each service
- Definition of family therapy; preparation and qualifications of therapists
- Indications of need for family therapy
- Resources for family therapy
- Principles and procedures for referral

Skills

- Ability to interpret client information
- Ability to identify problems and establish priorities
- Ability to involve the client in treatment planning
- Ability to match available resources to client needs
- Ability to recognize need for referral to a family therapist

Attitudes

- Alcoholism is a family disease.
- Family health is the responsibility of the whole family.
- Alcoholism can engender maladaptive behavior from one generation to another.
- Family members have a right to their own recovery regardless of the alcoholic person's decision.
- Family education is an important part of the treatment process.

Group Counseling

23. Initiate a counseling group. Initiation includes determination of need and purpose, selection and preparation of members, logistical and administrative arrangements, and establishment of ground rules.

24. Lead or co-lead a group through the various stages of group development and modify interventions as appropriate.

25. Assess the progress of individual members and the group as a whole periodically and modify goals and interventions accordingly.

26. Use the planned and unplanned departures of individuals and the termination of the group as a whole to enhance growth of members.

Knowledge

- Definition of a group; types of groups
- Curative factors in group counseling
- Role of group counseling in alcoholism treatment
- Theories and principles of group process and dynamics
- Factors to consider in selecting group members
- Factors to consider in initiating a group
- Role of group leader; factors in choosing and working with a co-leader
- Framework for observing group interaction
- Purposes and techniques of intervention
- Alcohol-related issues in group counseling
- Techniques for recording and analyzing group progress
- Techniques and guidelines for effective termination

Skills

- Ability to assess client readiness for group counseling
- Ability to provide physical, logistical, and administrative arrangements that foster group work
- Ability to promote group cohesiveness
- Ability to model and teach goalsetting, problemsolving, and feedback skills
- Ability to establish and maintain group norms that promote curative factors
- Ability to determine stage of group development
- Ability to attend to group process
- Ability to make interventions that contribute to group and individual goals
- Ability to modify interventions according to needs of the group
- Ability to balance individual and group needs
- Ability to assess member and group readiness for termination
- Ability to prepare group members for termination

Group Counseling

Attitudes

- Group counseling is usually helpful in the treatment process.
- Group counseling is not counseling individuals in a group.
- Group counseling is not appropriate for every client.

Referral

27. Use internal and external resources to best meet client needs for alcohol-related and other services.

Knowledge

- Organization of health care and other human service delivery systems
- Roles, responsibilities, and preparation of other professionals
- Insurance and other funding sources
- Intra-agency organization patterns
- Interagency relationships

Skills

- Ability to identify and evaluate resources
- Ability to establish and maintain professional relationships
- Ability to organize and communicate client information
- Ability to match resources to client needs

Attitudes

- Alcoholism treatment is a collaborative effort.
- Treatment approaches should consider the needs of the whole person.

Referral

28. Provide the client with the information necessary for informed decisions about treatment alternatives.

Knowledge

- Components of the continuum of care, including purpose, process utilized, rationale, and limitations of each
- Philosophy, goals, and practices of A.A., Al-Anon, Alateen, and other self-help groups
- Benefits and limitations of alcoholism treatment modalities including individual and group counseling, use of disulfiram, and education
- Other services (medical, social, financial, vocational) including client eligibility, referral procedures, follow-up mechanisms, and limitations on each service
- Goal analysis
- Techniques of problemsolving, goalsetting, and decisionmaking

Skills

- Ability to match information-giving techniques to the needs and abilities of each client
- Ability to model and teach techniques of problemsolving, goalsetting, and decisionmaking

Attitudes

- Treatment is more likely to be effective if the client makes the choice among alternatives.
- The more complete the information, the better the choice is likely to be.

Referral

29. Take appropriate action to locate alternative services when cultural and/or language barriers may inhibit effective treatment.

Knowledge

- Cultural variations in the use and abuse of alcohol and related values and attitudes
- Personal awareness of values, norms, and attitudes of own culture
- Culturally based treatment resources or services
- Informal support networks
- Principles and procedures for referral

Skills

- Ability to recognize lack of progress in treatment
- Ability to identify when personal values, cultural bias, prejudices, or assumptions are contributing to lack of progress

Attitudes

- Cultural differences affect human interaction.
- People from different cultures have different perspectives, customs, and value/belief systems that may be equally valid.
- All counselors cannot work effectively with all clients.

Referral

30. Explain agency admission policies, procedures, information needs, fees, and services when discussing a possible referral with a client.

Knowledge

- Admission policies, procedures, information/needs, fees, and services of referral agency
- Alternative agencies that provide similar services and resources
- Principles and procedures for referral

Skills

- Ability to collect, record, and maintain salient information on referral agencies
- Ability to match information-giving techniques to the needs and ability of each client
- Ability to monitor client progress along continuum of care

Attitudes

- Appropriate information reduces client anxiety.
- Preparation and support for referral increase likelihood of completion.
- Follow-up with client and resource contributes to quality and continuity of care.

31. Distinguish for clients and significant others the complementary nature of Alcoholics Anonymous and alcoholism treatment and the unique role of each in the recovery process, emphasizing what the client can expect of each and what will be expected of the client by each.	Knowledge ● Philosophy, goals, practices, and literature of A.A. ● Philosophy, goals, and practices of alcoholism treatment ● Roles of counselor and client ● Stages and characteristics of alcoholism ● Stages in the recovery process Skills ● Ability to match information-giving techniques to the needs and abilities of each client ● Ability to explain the distinctions between A.A. and alcoholism treatment Attitudes ● A.A. and alcoholism treatment may be complementary in the recovery process. ● Outcome (effective recovery) is more important than the process (how one gets there).

Referral

32. When referrals are appropriate, prepare and support the client in making the contact and then follow-up with both client and resource. (See item 30.)

Knowledge

- Admission policies, procedures, information needs, fees, and services of referral agency
- Alternative agencies that provide similar services and resources
- Principles and procedures for referral

Skills

- Ability to collect, record, and maintain salient information on referral agencies
- Ability to match information-giving techniques to the needs and ability of each client
- Ability to monitor client progress along continuum of care

Attitudes

- Information reduces client anxiety.
- Preparation and support for referral increase likelihood of completion.
- Follow-up with client and resource contributes to quality and continuity of care.

Termination

33. Recognize when treatment is complete, establish with the client a termination and aftercare plan, and assist the client through the termination phase.

34. Maintain alcoholism counseling responsibility for a client until that responsibility has been assumed by another professional or has been terminated by mutual consent.

35. Terminate a counseling relationship when either counselor or client feels no benefit is occurring and, if necessary, make mutually negotiated arrangements for other treatment.

Knowledge

- Stages in the recovery process
- Theories of termination
- Role of termination in counseling process
- Techniques and guidelines for effective termination
- Aftercare planning and services
- Ethical standards in counseling

Skills

- Ability to recognize when termination is appropriate
- Ability to recognize and express personal feelings about termination
- Ability to support a client through termination
- Ability to recognize and address inappropriate termination
- Ability to recognize when a treatment relationship is fostering dependency rather than autonomy
- Ability to negotiate with clients arrangements for other treatment as indicated

Attitudes

- Termination is an unavoidable issue.
- Effective termination of the counseling relationship contributes to client growth.
- All counselors cannot work effectively with all clients.

36. Explore personal feelings and concerns about clients with colleagues or supervisor when these may be interfering with the counseling process. (See item 3.)

Knowledge

- Concepts of transference and countertransference
- Implications of transference and countertransference for client/counselor relationship
- Relationship between feelings and behavior
- Effect of counselor's feelings and behavior on the helping relationship
- Personal attitudes, values, and feelings
- Role of clinical supervision
- Counselor expectations and responsibilities

Skills

- Ability to recognize counselor and client feelings, their sources, and their impact on the counseling relationship
- Ability to deal with feelings constructively
- Ability to discuss feelings about clients with colleagues and supervisor in an open, honest manner

Attitudes

- Self-awareness is essential to being an effective counselor.
- Sharing feelings can help to foster self-awareness.

Professional Conduct

37. Assess and improve one's own performance in light of ethical and professional standards.

Knowledge

- Ethics and professional conduct in alcoholism counseling
- Legal and malpractice ramifications of practicing counseling
- State credentialing requirements
- The role of the counselor in client recovery
- Standards of professional conduct with client, colleagues, and community

Skills

- Ability to distinguish between professional and unprofessional behavior toward others
- Ability to evaluate performance in terms of specific standards
- Ability to identify areas of job performance where improvement is needed
- Ability to take corrective action in cases of unethical or unprofessional behavior by colleagues

Attitudes

- Counselors are responsible to themselves, clients, other professionals, and society.
- Use of self is an essential element in effective counseling.
- Personal and professional growth is a lifelong process.

Professional Conduct

38. Maintain relationships with other helping persons that show respect for and give recognition to their roles and their contributions to the client's recovery.

Knowledge

- Types of helping persons who may be involved with alcoholic clients
- Roles, responsibilities, and preparation of helping persons
- Definition and characteristics of formal and informal support systems
- Health care agency organization, functions, and job positions
- Factors in effective interagency relationships

Skills

- Ability to use communication skills appropriately with peers and colleagues
- Ability to determine when client needs require skills of other professional helpers
- Ability to represent client interests effectively in intra-agency and interagency contacts
- Ability to maintain productive relationships with peers and colleagues

Attitudes

- The counselor cannot meet all needs of all clients.
- Contributions of helping persons to the recovery of alcoholic clients are both overlapping and complementary.

Professional Conduct

39. Take responsibility for personal and professional growth by seeking appropriate clinical supervision, preserving mental and physical health, and maintaining and upgrading knowledge and skills relevant to effective alcoholism counseling.

Knowledge

- Role and process of clinical supervision
- Expectations of supervisor and supervisee
- Alternatives for supervision when not provided by agency
- Concepts of emotional and physical health
- Theory and techniques of stress management
- State credentialing requirements
- Resources for personal and professional growth

Skills

- Ability to tailor supervision process to individual needs
- Ability to identify training needs
- Ability to identify educational resources
- Ability to recognize signs and symptoms of burnout

Attitudes

- Personal and professional growth is necessary to maintain effective counseling.
- It is the ethical responsibility of the alcoholism counselor to provide the most facilitative services possible to the client.
- Clinical supervision is directly related to counselor job satisfaction and indirectly related to client outcome.

Documentation

40. Prepare written records of client care that facilitate treatment planning, communication with other staff, clinical supervision, agency accountability, program planning, and research.

Knowledge

- Elements of case management
- Client recordkeeping and the counseling process
- Progress notes
- Problem-oriented recordkeeping
- Federal and State grant requirements regarding documentation of client services
- Technical terminology of psychology and alcoholism
- Format, purpose, and methods of documentation
- Standards of voluntary groups (e.g., Joint Commission on Accreditation of Hospitals)

Skills

- Ability to read and write in the primary language of the agency
- Ability to identify and record essential client information
- Ability to write legible, concise, and precise information regarding client progress
- Ability to initiate the intake history record and use it as the basis of a continuing client record
- Ability to document treatment services provided to client
- Ability to organize, record, and maintain all client data relevant to treatment and progress in treatment in a logical and sequential manner

Attitudes

- Maintaining accurate written client records is essential to assuring provision of quality client care.
- The counselor is responsible for maintaining complete and accurate client records.

Documentation

41. Communicate in a concise, well-organized, comprehensive manner when discussing the client's needs with supervisor or other staff.

Knowledge

- Format and rationale for case presentation
- Communication skills
- Role of the counselor in client advocacy
- Confidentiality regulations
- Technical terminology of psychology and alcoholism

Skills

- Ability to make a well-organized case presentation
- Ability to communicate orally
- Ability to present a concise but comprehensive summary of client progress in treatment
- Ability to act as advocate for client
- Ability to balance client's right to privacy, confidentiality requirements, and information needs of others for consultation purposes

Attitudes

- The counselor's role includes being an advocate for client.
- Quality of consultation from other staff members depends on the quality of the information they receive.
- The counselor has an obligation to respect the client's right to privacy.

Observing Laws, Regulations, and Policies

42. Observe Federal and State regulations and agency policy on confidentiality of client information.

Knowledge

- Federal and State confidentiality regulations affecting alcohol abuse client information
- Federal and State confidentiality regulations affecting client information in special cases (e.g., child abuse and domestic violence)
- Agency policies that may affect handling of client information

Skills

- Ability to discuss which requests for which kinds of client information fall under Federal and State confidentiality regulations
- Ability to correctly apply Federal and State confidentiality regulations in various requests for client information
- Ability to impact confidentiality regulations as they affect the counseling process (e.g., disclosure of information concerning child abuse)

Attitudes

- Clients' rights include privacy and confidentiality.
- A guarantee of client confidentiality can overcome a common reason for client reluctance in seeking alcoholism treatment.
- The counselor has a legal and professional responsibility to observe confidentiality regulations.

Observing Laws, Regulations, and Policies

43. Observe Federal, State, and local regulations, and agency policies that affect delivery of services to clients.

Knowledge

- Federal, State and local regulations that affect delivery of services (e.g., safety and health standards associated with grant and contract funds)
- Standards of voluntary groups (e.g., Joint Commission on Accreditation of Hospitals)
- Nature of agency policies that may affect delivery of services

Skills

- Ability to recognize when an aspect of agency client service delivery is in violation of, or does not meet, Federal/State/local regulations
- Ability to adjust or modify component of service delivery for which the counselor is responsible so that it is in keeping with Federal/State/local regulations

Attitudes

- The primary purpose of Federal, State, and local regulations is to protect the right of clients to quality service.

Observing Laws, Regulations, and Policies

44. Use accurate and up-to-date information about Federal, State, and local statutes relating to the use of alcohol (e.g., taxation, licensing, hours of sale, and purchase age) in discussions with clients, co-workers, and community groups.	Knowledge • Federal, State, and local statutes relating to the use of alcohol Skills • Ability to cite Federal, State, and local statutes accurately • Ability to identify sources of accurate and up-to-date information about Federal/State/local statutes Attitudes • Information communicated to the public must be accurate. • An alcoholism counselor's responsibility extends to staying informed about information regarding all aspects of alcohol and alcoholism.

Prevention

45. Communicate the concepts, terminology, and strategies of prevention correctly and appropriately to co-workers and the community.

Knowledge

- Models of prevention
- Definitions of primary, secondary, tertiary prevention
- Application of definitions to alcoholism
- Classification of prevention strategies

Skills

- Ability to assess community attitudes
- Ability to assess community education needs
- Ability to identify and utilize community information channels
- Ability to communicate accurately the concepts and terminology of prevention

Attitudes

- Alcoholism counselors have a role in prevention.
- Prevention and treatment are interrelated.
- Community involvement is essential to the prevention of alcoholism.

Prevention

46. Contribute to efforts to inform other professionals and the community that alcoholism is a treatable disease, that treatment services are available, and that early intervention is recommended.

Knowledge

- Current statistics on prevalence and incidence of alcohol abuse and alcoholism
- Physical, psychological, and social effects of alcohol
- Stages and characteristics of alcoholism
- Dynamics of the addictive cycle
- Stages in the recovery process
- Philosophy, methods, and modalities of treatment
- Impact of alcoholism on the family and significant others
- Role of intervention in prevention and treatment of alcoholism
- Theory and techniques of community assessment
- Principles of public relations and mass communication
- Principles of public speaking

Skills

- Ability to assess community characteristics and resources
- Ability to identify and utilize community information channels
- Ability to identify and develop relationships with community leaders
- Ability to identify, recruit, and coordinate community members as resources
- Ability to adapt information message and strategy to community characteristics
- Ability to make public presentations

Attitudes

- The community needs to be aware of its own alcohol problem and the resources available to treat it.
- Community involvement is essential in the treatment of alcoholism.
- Stigma remains a barrier to seeking treatment for alcoholism.

Education

47. Use current and accurate information about alcohol and alcoholism in formal and informal educational presentations.

48. Make educational presentations to client, community, and professional groups in which content and activities are consistent with presentation objectives and audience characteristics; and obtain participant reactions to improve future presentations.

Knowledge

- Current statistics on prevalence and incidence of alcohol abuse and alcoholism
- Physical, psychological, and social effects of alcohol
- Stages and characteristics of alcoholism
- Dynamics of addiction
- Treatment of alcoholism
- Signs of other drug abuse
- Alcohol/drug interactions; multiple and cross dependence
- Federal, State, and local statutes relating to the use of alcohol
- Principles of adult education
- Principles and process of instructional design
- Theories and principles of group process and group dynamics

Skills

- Ability to apply steps of design process to an educational presentation
- Ability to locate sources of up-to-date information and educational materials
- Ability to select and use audiovisual aids
- Ability to apply principles of group process to an educational group

Attitudes

- Educational presentations deserve careful planning and evaluation.

SECTION THREE: INSTRUCTIONAL UNITS

Section Three: Instructional Units

ORGANIZATIONAL SCHEME

One of the guiding principles in the development of PACE was to make it as useful as possible to as many people as possible, given the overriding purpose of improving the educational preparation of alcoholism counselors. In this case, one aspect of usability is flexibility to serve the variety of instructional programs in alcoholism counseling. Existing programs in alcoholism counseling range from one-week workshops to baccalaureate degree programs and specialty programs at the graduate level. It was not clear until midway through the developmental process exactly how this flexibility would be achieved.

The strategy began to emerge when the knowledge, skills, and attitudes contained in Section Two were separated out. Working first with the knowledge items, individual items were sorted and re-sorted into discrete topic areas. Next, the skill items were sorted and found to correspond to the knowledge topic areas. Finally, the topic areas were ordered, examined, and reordered until the scheme or framework of five categories was arrived at. The categories are foundations, personal and professional aspects of counseling, alcohol and alcoholism, alcoholism counseling and treatment, and service delivery system. Each category is defined below.

Foundations. The units in this category provide a framework of basic knowledge of human development. Units in this category address concepts of growth and development of individuals, families, and society as presented in psychology, sociology, anthropology, and similar disciplines. Also included is content basic to promoting optimum physical and emotional health.

Personal and Professional Aspects of Counseling. This category reflects the philosophy of the use of the self as a tool in alcoholism counseling and the importance of self-awareness and emphasizes development of basic counseling skills. Units include personal skills, the helping relationship, and ethical and professional issues.

Alcohol and Alcoholism. This category contains units covering the basic content about alcohol and alcoholism, other drug abuse, and the development of current concepts in prevention and treatment.

Alcoholism Counseling and Treatment. Treatment and rehabilitation are emphasized in this category, particularly counselor-client interactions and the provision of comprehensive care in support of sobriety and recovery.

Service Delivery System. The organizational, administrative, financial, and legal considerations related to delivery of alcoholism treatment services are addressed in this category. This content provides counselors with the knowledge and skills to work on the client's behalf within an agency and between agencies. Other units prepare counselors to conduct prevention and education activities in the community.

The categories are presented in a sequence that proceeds from general to specific. This order does not necessarily dictate instructional sequence. A person embarking on an alcoholism counseling career may start with Foundations and proceed in the order presented, especially if he or she has chosen a career in counseling but is not yet certain about an area of speciality. A practicing alcoholism counselor continuing his or her professional education may have sufficient background in alcoholism and may chose Foundations courses. In another situation, a program may offer an Alcohol and Alcoholism course concurrent with or preceding a course in Personal and Professional Aspects of Counseling. The five categories and the related instructional units are displayed on the foldout on page 57.

The five categories are broad enough to accommodate all the topics that emerged from the knowledge and skill items. The scheme also provides the flexibility that is required of PACE. As a basis for curriculum planning, a unit, a course, or an entire program can be derived from the units in the framework. Courses and programs can be created either within a category or across categories depending on the situation. For example, the concepts contained in Foundations may be covered in one or two introductory psychology and sociology courses; or a course on cultural aspects of alcoholism may be developed using appropriate content from each of the five categories. That same cultural course could also be adapted to a specific minority group as determined by the client populaton of a local community.

In addition, content that is unique to alcoholism counseling is clearly identified so that academic institutions wishing to add speciality programs can see what content may be included in existing courses and where new courses need to be added. Finally, the scheme gives a clear and comprehensive picture of the scope of content consistent with the alcoholism counseling activities defined in this document.

OVERVIEW OF INSTRUCTIONAL UNITS

The instructional units vary in the length of time they require, their relative priority in an alcoholism counseling program, and the mix of knowledge and skills they contain. Some units readily cluster together. Some units constitute a course by themselves. The specification of the units depended primarily on the nature of the content and what seemed to be a cohesive, self-contained set of knowledge and skills.

Each instructional unit is presented in a standard format:

- Rationale - a brief description of why the unit is important to alcoholism counseling.
- Content outline - an elaboration of the headings listed on the summary outline. The names and numbers in parentheses refer to authors and page numbers in relevant materials.
- Suggested instructional activities - a catalog of methodologies appropriate to the knowledge and skills contained in the unit.
- References - a list of books, articles, training packages, and films keyed by author and page number to the content outline.
- Additional resources - other materials relating to the topic of the instructional unit which the instructor may consult for preparation or use for reading assignments.

As with the organizational scheme, the instructional units are to a large degree arbitrary in their design and reflect the assumptions and biases of the developers and the process of development used.

As mentioned previously, this curriculum guide is offered as a starting point and will have fulfilled its purpose when it is modified, excerpted, reorganized, and adapted to fit the needs of each instructional program.

A Question of Time

The time required for an ideal instructional program in any topic far exceeds the limits set by time and money. This situation occurs not only in alcoholism counseling but in any occupation that involves educational preparation. Decisions need to be made about what units are included, relative emphasis among those units, and breadth and depth of coverage. Decisions on these issues influence the length of educational programs which in turn, are influenced by a judgment of how much time is reasonable.

Decisions about content selection and time allocations are also influenced by general instructional design factors such as learning objectives, student characteristics, instructional setting (e.g., academic, inservice, summer school), and level of instruction (e.g., preservice, graduate, continuing education). These factors influence not only content selection and time allocation but also sequence and methodology.

Two guidelines that are specific to content coverage decisions are breadth of application and importance to effective practice. Breadth of application means the extent to which the content is used in alcoholism counseling. For example, the knowledge and skills in The Helping Relationship, Unit V of Personal and Professional Aspects of Counseling, apply to all client/counselor interactions whether individual or group, and to professional interactions as well. In contrast, Structured Intervention, Unit IX in Alcoholism Counseling and Treatment, is a specialized procedure used to facilitate a client's entry into treatment and is applicable only in certain situations with certain clients.

The second guideline, importance to effective practice, means how critical the content is to treatment outcome. For example, the knowledge and skills relative to Unit IIA, Assessment, under Alcoholism Counseling and Treatment, set the stage for subsequent decisions about treatment approach, referrals, and support services. At best, improper assessment may prolong treatment and, at worse, it may contribute to a client's withdrawal from treatment. On the other hand, the content in Community Involvement, Unit II of Service Delivery System, is tangential to direct service delivery. Clearly, the two guidelines are closely related and, in many cases, an instructional unit will qualify as both broadly applicable and important to effective practice.

In short-term programs, such as inservice or summer school courses, decisions about content selection and time allocation are based primarily on learning objectives, student characteristics, and time available. In comprehensive programs, such as an associate degree program, overall balance and integration of content are equally important. Some additional guidelines are offered for selecting content and allocating time in these situations. The guidelines may also assist credentialing broads to evaluate transcripts submitted in fulfillment of educational requirements.

Time Allocations by Category: Assuming that there are approximately 1,000 instructional hours available in a two-year program, the following distribution is suggested:

	Hours	Percent
Foundations	150	15
Personal and Professional Aspects	200	20
Alcohol and Alcoholism	300	30
Counseling and Treatment	300	30
Service Delivery	50	5
Total	1,000	100

Applying this formula in a hypothetical situation would result in three or four courses of 45 hours each in fall, spring, and summer sessions. The formula can be adapted to other situations where more or fewer hours are available by using the percentage figures.

Time Allocation within Category: Decisions about time allocations for instructional units within categories must take into account the instructional objectives of the unit. Units involving experiental learning, skill development, and supervised clinical experience will require more time than units with predominantly didactic activities. Such units include Units II, III, IV, and VE in Personal and Professional Aspects of Counseling; Units II, V, and VI in Alcoholism Counseling and Treatment; and Unit V in Service Delivery System. Overall, a 60/40 ratio of experiential/laboratory hours to didactic/classroom hours is generally considered appropriate for alcoholism counseling. Further discussion of these and other issues of curriculum planning is contained in Section Four.

THE ROLE OF ATTITUDES

The individual attitude items, though not used in the creation of the five categories, were grouped under the five headings with little difficulty. The attitude statements warrant special attention because they represent the basic assumptions that helped to shape the development of this guide. Further, they represent a statement of the beliefs that alcoholism counselors need to examine and incorporate into their own style and philosophy of counseling.

Therefore, curriculum planners will need to provide time and structure activities that enable students to examine and discuss these statements in conjunction with related content. Attitudes must be addressed explicitly in instruction, even though their presence cannot be definitively detected and measured.

The attitudes presented by statement in Section Two are listed by category in Appendix D.

Organizational Scheme for Instructional Units

Foundations

- I. Human Growth and Development
  - A. Physical, psychological, and social
  - B. Spirituality/religion
  - C. Sexuality
- II. Personality Development: Major Theories and Theorists
- III. The Family Unit
  - A. A sociological perspective
  - B. Cultural influences
- IV. Socio-Cultural Concepts
- V. The Psychology of Abnormal Behavior
- VI. Stress and Wellness
- VII. Emergency Life Saving Techniques

Personal and Professional Aspects of Counseling

- I. Self-Awareness/Self-Assessment
  - A. Use of self in the counseling process
  - B. Dimensions of self-awareness
  - C. Concepts of transference and countertransference
  - D. Self-assessment as a way of life
- II. Personal Values and Attitudes
  - A. Role of values
  - B. Clarifying personal values and attitudes
  - C. Clarifying attitudes on special issues
- III. Cultural Issues
  - A. Relationship to counseling
  - B. An approach to cultural awareness
  - C. Minority cultures in America
- IV. Personal Skills
  - A. Assertiveness
  - B. Problemsolving
  - C. Decisionmaking
- V. The Helping Relationship
  - A. Supporting research
  - B. Theories of counseling
  - C. Components of helping
  - D. Stages of helping
  - E. Helping skills
- VI. Ethical and Professional Practice
  - A. Characteristics of a profession
  - B. Alcoholism counseling as a profession
  - C. Professional issues
  - D. Credentialing
  - E. Resources for personal and professional growth

Alcohol and Alcoholism

I. Development of Alcoholism
  - A. Definitions
  - B. The disease concept
  - C. Patterns and progression
  - D. The experience of being an alcoholic
  - E. Theories of causation
  - F. Epidemiology

II. Alcoholism as a Major Health Problem
  - A. Consequences to health
  - B. Effects in special groups
  - C. Effects in cultural groups
  - D. Impact on the family
  - E. Crime
  - F. Economic costs
  - G. Legal aspects

III. Alcoholism and the Family
  - A. Family dynamics
  - B. Children of alcoholics
  - C. Family treatment programs

IV. Alcoholism in Cultural Groups and Special Populations
  - A. Cultural groups
  - B. Special populations

V. Alcohol and Other Psychoactive Drugs
  - A. Drug taking behavior
  - B. Pharmacological concepts
  - C. Alcohol
  - D. Psychotherapeutic drugs
  - E. Narcotics
  - F. Hallucinogens and marijuana
  - G. The addictive process
  - H. Polydrug abuse; cross-addiction

VI. Trends in Treatment
  - A. Historical view
  - B. Social policy and alcohol problems
  - C. Current patterns
  - D. Research

VII. Prevention
  - A. Models of prevention
  - B. Prevention strategies
  - C. Resources for information and materials

Alcoholism Counseling and Treatment

- I. Overview of Alcoholism Treatment
  - A. Treatment
  - B. The role of Alcoholics Anonymous
- II. Individual Counseling
  - A. Assessment
  - B. Treatment planning
  - C. Counseling activities and techniques
- III. Termination
  - A. Meaning of termination
  - B. Termination of counseling sessions
  - C. Termination of counseling
- IV. Case Management and Documentation
  - A. Selection of services
  - B. Coordination of services
  - C. Documentation
- V. Group Counseling
  - A. Principles of group process
  - B. Group counseling with alcoholism clients
  - C. Cultural factors
- VI. Family Counseling
  - A. Theories/models of family therapy
  - B. Family therapy and alcoholism
  - C. Family counseling in alcoholism
  - D. Cultural factors
  - E. Indications of need for family therapy
  - F. Referral resources for family therapy
- VII. Referral
  - A. Identifying resources
  - B. Making referrals
  - C. Receiving referrals
- VIII. Crisis Intervention
  - A. Theory of crisis
  - B. Types of crisis
  - C. Techniques of crisis intervention
- IX. Structured Intervention

Service Delivery System

I. Organization and Relationships
  A. General health and human services
  B. Alcoholism services
  C. Intra-agency organization

II. Community Involvement
  A. Supporting treatment
  B. Prevention

III. Standards and Regulations
  A. Program standards
  B. Nationally effective regulations
  C. Treatment related regulations

IV. Funding
  A. Public funding
  B. Private funding
  C. Funding issues and strategies
  D. Negotiating client fees

V. Education
  A. Purposes of educational presentations
  B. Planning the presentation
  C. Delivering the presentation
  D. Collecting and analyzing evaluation information

Category **Foundations**

Unit I. Human Growth and Development

Subunit

Related Activities (Section Two) 4, 5, 11, 12, 39, 40, 41

Rationale

Within the full range of individual differences that make each human being unique, some common patterns and behaviors have been identified that contribute to healthful, productive living. The counselor needs to have an understanding of these commonalities as a foundation for assessing patterns and behaviors that are dysfunctional and assisting clients to develop healthful behaviors that are consistent with their individual situations. Some of these patterns are found in the process of maturation from birth to death including physical, psychological, social, and spiritual aspects of life.

Content Outline

A. Physical, psychological, and social
    1. Prenatal development (Schell 69-87)
        a. Prenatal growth
        b. Developmental complications
    2. The newborn (Schell 89-107)
        a. Birth
        b. Physical growth
        c. Adaptation
    3. Infancy (Schell 111-193)
        a. Physical growth
        b. Cognition
        c. Language
        d. Personality
    4. Childhood (Evoy 148-166; Schell 197-340)
        a. Physical growth
        b. Cognition
        c. Language
        d. Personality
        e. Social interaction
        f. Morality
    5. Adolescence (Schell 347-399)
        a. Physical and sexual maturation
        b. Identity of self
        c. Social interaction

6. Adulthood (Schell 403-463)
    a. Early adulthood
    b. Mid-life
    c. Later adulthood
7. Death
    a. The five stages of dying (Kubler-Ross 5-26)
        - Denial
        - Rage and anger
        - Bargaining
        - Depression
        - Acceptance
    b. The final stage of growth (Kubler-Ross 145-163)

B. Spirituality/religion (Kalish 387-405)
    1. Aspects of spirituality and religion
    2. Phases of development
    3. Components
        a. Significance of life
        b. The individual in relation to the universe
        c. Concepts of good and evil; immortality

C. Sexuality
    1. Physical aspects (DeLora 16-77)
        a. Anatomy
        b. Physiology
    2. Psychological aspects
        a. Sexuality and maturation (DeLora 124-186)
        b. Influence of societal and family norms on sexual behavior (Janeway)
        c. Sex roles and stereotypes (Broverman; Pleck 1-13)
    3. Love and values in sexuality (DeLora 328-339)
    4. Birth control (DeLora 80-107)
    5. Common sexual dysfunctions (DeLora 302-312)
        a. Physiological
        b. Psychological
        c. Relationship

Suggested Instructional Activities

Lecture and reading are primary instructional methods. Additional methods include guided observation of people in various developmental stages, a paper describing significant personal events in all stages one has experienced, and selected exercises designed to increase awareness of sexual stereotypes (see Carney and Sargent below as two resources for these activities).

References

Broverman, L., Broverman, D., and Clarkson, F. Sex role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 34:1-7, 1970.

DeLora, J., Warren, C., and Ellison, C. Understanding Human Sexuality. Boston: Houghton Mifflin, 1980.

Evoy, J. The Rejected: Psychological Consequences of Parental Rejection. University Park, Pennslvania: Pennsylvania State University Press, 1981.

Janeway, E. Man's World, Woman's Place: A Study in Social Mythology. New York: Dell, 1971.

Kalish, R. The Psychology of Human Behavior. 3rd ed. Monterey, California: Brooks/Cole, 1973.

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Money, J. Sexual Signatures: On Being a Man or a Woman. Boston: Little, Brown, 1975.

Phillips, J. Your God is Too Small. New York: Macmillan, 1954.

Piaget, J. The Moral Judgment of the Child. New York: Free Press, 1965.

Sargent, A. Beyond Sex Roles. St. Paul, Minnesota: West, 1977.

Category **Foundations**

Unit II. Personality Development: Major Theories and Theorists

Subunit

Related Activities (Section Two) 5, 6, 11, 12, 39, 40, 41

Rationale

Various models have been developed to describe human personality development, understand dysfunctional behavior, and form the basis for therapy. The counselor needs to be acquainted with the major theoretical models and be able to discuss the values and limitations of each. An understanding of personality development themes will assist the counselor in formulating a personal philosophy of helping, analyzing alternative counseling approaches, understanding professional literature, and conversing with other professionals in the alcoholism field.

Content Outline

A. The psychodynamic approach: Freud (Freedman 423-435)
   1. Id
   2. Ego
   3. Super ego
   4. Defense mechanisms

B. The behavioral approach: Skinner (Freedman 9, 485-488, 506-512)
   1. Stimulus-response
   2. Conditioning
   3. Reinforcement

C. The cognitive approach: Chomsky; Miller (Freedman 10, 99-109)
   1. Contiguity
   2. Non-verbal associations
   3. Memory

D. The humanistic approach: Maslow (Freedman 10-11, 437-440, 512-516)
   1. The unique person
   2. Hierarchy of needs
   3. Self-actualization

Suggested Instructional Activities

Lecture might be enhanced by selected readings, a written report on a selected model, and student debates contrasting the utility of the different approaches.

Reference

Freedman, J. Introductory Psychology. Reading, Massachusetts: Addison-Wesley, 1978.

Additional Resources

Jourard, S. Personal Adjustment. 2nd ed. New York: Macmillan, 1963.

Maddi, S., ed. Personality Theories: A Comparative Analysis. 4th ed. Homewood, Illinois: Dorsey Press, 1980.

Maslow, A. Motivation and Personality. New York: Harper & Row, 1954.

Perlman, H. Persona: Social Role and Personality. Chicago: University of Chicago Press, 1968.

Skinner, B. Science and Human Behavior. New York: Free Press, 1965.

Category **Foundations**

Unit III. The Family Unit

Subunit

Related Activities (Section Two) 11, 12, 13, 19, 21, 22

Rationale

Virtually every individual is or has been a part of some type of family unit. A set of experiences impacting upon a person's behavior results from the kind of family to which that person belongs or has belonged. It is impossible to separate the family from the pressures of society and it is also impossible to separate the individual from the pressures of the family to which he or she belongs. Because the individual both affects the family and is affected by it, the nature of his or her membership becomes an important part of counseling. The counselor must understand the dynamics of the family unit and its variation in structure, composition, and values.

Content Outline

A. A sociological perspective (Almquist 331-372)
  1. Family types
    a. Nuclear family
    b. Composite family
    c. Extended family
  2. Functional aspects of family life
    a. Sexual
    b. Reproduction
    c. Protection of the young
    d. Socialization
  3. Division of labor
    a. Working women
    b. Fatherhood
    c. Single parent
  4. Marriage
    a. Owner - Property
    b. Head complement
    c. Senior partner-junior partner
    d. Equal partner
    e. Alternatives
      - Contracts
      - Open marriage

5. Divorce
    a. Reasons
    b. Stages

B. Cultural influences (Queen 1-17, 330-375, 423-445)
1. Historical origins of the family
2. Profiles of contemporary families
    a. American family in transition
    b. Black American family
    c. Mexican American family
    d. Other ethnic groups where predominant in community

Suggested Instructional Activities

Lecture and readings are the primary methods for this unit. Complementary activities might include student profiles of their family of origin beginning with grandparents and including the dimensions presented in the unit as well as traditions and values. Each student might create a marriage contract based on personal values and needs.

References

Almquist, E., Chafetz, J., Chance, B., and Corder-Bolz, J. Sociology: Women, Men, and Society. St. Paul, Minnesota: West, 1978.

Queen, S. and Haberstein, R. The Family in Various Cultures. Philadelphia: J.B. Lippincott, 1974.

Additional Resources

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Klein, A. Society, Democracy and the Group. New York: Morrow, 1955.

Rollins, B. and Feldman, H. Marital satisfaction over the family cycle. Journal of Marriage and the Family, 32:20-28, February 1970.

Category **Foundations**

Unit IV. Socio-Cultural Concepts

Subunit

Related Activities (Section Two) 13, 19, 29

Rationale

Understanding the influences of society and culture on individual development is basic to an appreciation of differences among clients. An integral part of appreciation of individual differences begins with our understanding of the social pressures to which we are all subject.

Content Outline

A. Theorists and theories (Almquist 1-128)
  1. Comte and Durkheim: The French School
  2. Max Weber: The German School
  3. Karl Marx: The Communist Cadre
  4. Karl Mannheim: The Unique Perspective

B. Differences, similarities, and components (Almquist 128)
  1. Roles
  2. Status
  3. Social groups
  4. Primary and secondary groups
  5. Reference groups
  6. Norms
  7. Values
  8. Knowledge
  9. Beliefs
  10. Language

C. Universals (Almquist 57-82)

D. Diversity (Almquist 57-82)
  1. Subculture
  2. Viewing diversity

E. Social psychology/socialization (Almquist 83-106)
  1. Social learning theory
  2. Exchange theory
  3. Symbolic interaction

4. In the life cycle
    a. Childhood
    b. Adolescent
    c. Adult
5. Culture and identity (Deloria, Sotomayor)

F. Social change (Almquist 107-128)
1. Social Darwinism
2. Structural - Functionalist
3. Cultural lag
4. Value-based change
5. Cyclical change
6. Capitalism and the Marxist Dialectic
7. Class conflict: Dahrendorf

G. Social stratification (Almquist 144-159; Hurst 115-184)
1. A five-class system
2. Class in the United States
3. Consequences
4. Social mobility

H. Social institutions (Almquist 329-568)
1. Work and leisure
2. Politics and society
3. Crime and punishment
4. Religious groups
5. Education
6. Medicine and health

Suggested Instructional Activities

As an introduction to this unit, students might present the highlights of historical and social events of their respective ethnic or cultural groups with attention to the values and traditions of that group, where and how those values differ from values of American society in general, and what conflicts this has caused them. Lecture and readings are appropriate methods for presenting the theoretical content of this unit.

References

Almquist, E., Chafetz, J., Chance, B., and Corder-Bolz, J. Sociology: Women, Men and Society. St. Paul, Minnesota: West Publishing, 1978.

Deloria, V. Identity and culture. *Daedalus, Journal of the American Academy of Arts and Sciences*, 13:13-27, 1981.

Hurst, C. *The Anatomy of Social Inequality*. St. Louis: Mosby, 1979.

Sotomayor, M. Language, culture, and ethnicity in developing self-concept. *Social Casework*, 58:195-203, 1977.

Additional Resources

Benedict, R. *Patterns of Culture*. Boston: Houghton Mifflin, 1961.

Bierstedt, R. *The Social Order*. 4th ed. New York: McGraw-Hill, 1974.

Dabaghian, J. *Mirror of Man: Readings in Sociology and Literature*. 2nd ed. Boston: Little, Brown, 1975.

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Mead, M. *Culture and Commitment*. 2nd ed. New York: Columbia University Press, 1978.

Merton, R. *Social Theory and Social Structure*. Enlarged ed. New York: Free Press, 1968.

Ofshe, R. *The Sociology of the Possible*. 2nd ed. Englewood Cliffs, New Jersey: Prentice-Hall, 1977.

Severy, L., Brigham, J., and Schlenker, B. *A Contemporary Introduction to Social Psychology*. New York: McGraw-Hill, 1976.

Category **Foundations**

Unit V. The Psychology of Abnormal Behavior

Subunit

Related Activities (Section Two) 10, 11, 12, 40, 41

Rationale

As alcoholics and drug abusers are sometimes misdiagnosed as having mental disorders, it is also possible that counselors might misdiagnose abnormal behavior accompanying an addiction. For this reason, it is necessary that the counselor become familiar with the types of behavior associated with psychopathology. This unit provides an overview of abnormal behavior, its terminology, and symptoms.

Content Outline

A. Reactive disorders (Sarason 127-142)
   1. Stress as a complicating factor
   2. Post-traumatic stress disorders
   3. Multiple stressors
   4. Crisis and stress
   5. Adjustment disorders

B. Dissociative disorders (Sarason 143-156)
   1. Psychogenic amnesia
   2. Psychogenic fugue
   3. Multiple personality
   4. Interpreting dissociative disorders

C. Anxiety disorders (Sarason 158-175)
   1. Generalized anxiety disorder
   2. Panic disorder
   3. Phobias
   4. Obsessive-compulsive disorders
   5. Interpreting anxiety disorders

D. Affective disorders (Sarason 247-279)
   1. Definition
   2. Depressed feeling state
   3. Description of depression
   4. Theories of depression
   5. Mania and bipolar disorder
   6. Suicide

E. Schizophrenic disorders (Sarson 279-299)
  1. Definition
  2. Characteristics
  3. Historical considerations
  4. Types
  5. Paranoid disorder
  6. Prognosis

F. Organic disorders (Sarason 328-355)
  1. Brain deterioration
  2. Brain injuries and tumor
  3. Infections, toxic reactions, and nutritional deficiencies
  4. Epilepsy

G. Maladaptive behaviors of childhood (Sarason 386-422)
  1. Pervasive developmental disorders
  2. Depression
  3. Anxiety
  4. Hyperactivity
  5. Juvenile delinquency

I. Mental retardation (Sarason 424-450)
  1. Classification
  2. Identification
  3. Causes
  4. Prognosis

Suggested Instructional Activities

Lecture may be combined with available films and field trips to psychiatric hospitals. A question and answer period might be arranged with one familiar with theories of psychopathlogy and experienced in providing treatment.

References

Sarason, I. and Sarason, B. Abnormal Psychology: The Problem of Maladaptive Behavior. 3rd ed. Englewood Cliffs, New Jersey: Prentice Hall, 1980.

Additional Resources

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 3rd ed. Washington, D.C., 1979.

Category **Foundations**

Unit VI. Stress and Wellness

Subunit

Related Activities (Section Two) 7, 39

Rationale

In recent years, researchers have provided a myriad of conclusive evidence which links the effects of stress with the state of mental and physical health. Indeed, the way in which individuals learn to cope with everyday stressors has a significant impact on the general quality of life for that person. It is therefore important for counselors to be able to identify events which trigger individual stress, to discriminate between adaptive and maladaptive stress reactions, and to aid themselves and others in modification of maladaptive behavior in reacting to stressors.

Content Outline

A. Stress
  1. Definition (Pelletier 3-36)
    a. Stress
      - Actual
      - Perceived
    b. Acute stress
    c. Prolonged stress
  2. Psychophysiology (Pelletier 39-81)
  3. Stress triggers (Pelletier 82-108)
    a. Individual differences
    b. Social change
    c. Work environment
    d. Technology and stress
    e. Social Readjustment Rating Scale: Rahe and Holmes (Pelletier 108-114)
  4. Behavioral reactions (Pelletier 117-153)
    a. Type A personality
    b. Type B personality
    c. Type A, Type B, and disease
  5. Stress-related disease (Pelletier 117-188)
    a. Hypertension and arteriosclerosis
    b. Migraine
    c. Cancer
    d. Arthritis
    e. Respiratory

B. A holistic approach to wellness
    1. Concept of wellness (Antonovsky 38-69; Ardell 58-57; Wegscheider 32-43)
    2. Factors contributing to wellness (Antonovsky 123-197)
    3. Strategies for achieving and maintaining wellness (Antonovsky 98-122; Ardell 101-188; Belloc)

Suggested Instructional Activities

In addition to lecture, administration of the Social Readjustment Rating Scale and/or other health appraisal instruments will help students to apply the classroom learnings in a personal way.

References

Antonovsky, A. *Health, Stress, and Coping: New Perspectives on Mental and Physical Well-Being*. San Francisco: Jossey-Bass, 1979.

Ardell, D. *High-Level Wellness*. Emmaus, Pennsylvania: Rodale Press, 1977.

Belloc, N. and Breslow, L. Relationship of physical health status and health practices. *Preventive Medicine*, 1:409-421, 1972.

Pelletier, K. *Mind as Healer, Mind as Slayer: A Holistic Approach to Preventing Stress Disorders*. New York: Dell, 1977.

Wegscheider, S. *Another Chance*. Palo Alto, California: Science and Behavior Books, 1981.

Additional Resources

Bauman, E., Brint, A., Piper, L., and Wright, P., eds. *The Holistic Health Handbook*. Berkeley, California: And/Or Press, 1981.

Levi, L. *Stress: Sources, Management and Prevention*. New York: Liveright, 1967.

Menninger, K. *The Vital Balance*. New York: Viking Press, 1963.

Selye, H. *Stress in Health and Disease*. Reading, Massachusetts: Butterworths, 1976.

Selye, H. *The Stress of Life*. New York: McGraw-Hill, 1956.

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Category	**Foundations**
Unit	VII. Emergency Lifesaving Techniques
Subunit	
Related Activities (Section Two)	10
Rationale	All counselors, indeed all people, should become proficient in basic lifesaving techniques.
Content Outline	A. General first aid B. Lifesaving procedures 1. Cardiopulmonary resuscitation 2. The Heimlich maneuver
Suggested Instructional Activities	Students should be encouraged to participate in available courses on these topics.
Additional Resources	American Heart Association, Local Chapter. American Red Cross, Local Chapter. Area Rescue Squads. YMCA and YWCA. Local hospital.

Category **Personal and Professional Aspects of Counseling**

Unit I. Self-Awareness/Self-Assessment

Subunit

Related Activities (Section Two) 3, 5, 36, 37, 38, 39

Rationale

Knowledge and skills are not enough to render a counselor an effective helper. When counselors complete their training, what they basically work from is their own "personhood"--their life experience, value and belief system, and sense of humanity. The use of self in the counseling process can be a great asset or a great obstacle to efforts to induce change in clients. Positive, effective counselors are those who recognize the importance of becoming aware of their own feelings, needs, personal conflicts, defenses, and vulnerabilities, and how these might affect the client's ability to explore aspects of self. All counselors have a responsibility to themselves and their clients to establish lifelong habits of self-assessment and self-awareness. This unit is designed to help counselors recognize the importance of self in the counseling process, appreciate the responsibilities of a counselor to self and others, and examine the implications of counseling as a career.

Content Outline

A. Use of self in the counseling process (Brill 1-4; Carkhuff 196-213; Combs 3-14, 115-129; Kennedy 18-32; Pietrofesa 1-18, 75-77; Rogers 3-18)
   1. The nature of the counseling relationship
   2. Characteristics of helpers
   3. Responsibilities to the client

B. Dimensions of self-awareness (Brill 4-22; Kennedy 33-39, 47-59)
   1. Values, attitudes, needs, goals, self-concept
   2. Relationships with family, friends, others
   3. Knowledge and skills
   4. Philosophy of life; counseling
   5. Career choice and expectations
   6. Knowing and accepting one's limits

C. Concepts of transference and countertransference (Brammer 62-64; Kennedy 6-9, 122-127; Pietrofesa 98-99; Powell 164-166; Tamerin 41-52)
   1. Definitions
   2. Recognition
   3. Implications

D. Self-assessment as a way of life (Brill 217-223; Kennedy 40-46, 331-336; Pietrofesa 146-163; Silverstein 53-62; Wallace 9-27; Valle 61-74)
   1. Suggested approaches
      a. Continuing education
      b. Clinical supervision
      c. Self-assessment instruments
   2. Burnout prevention
   3. Personal and professional development

Suggested Instructional Activities

Lecture and readings are suitable methods for presentation of concepts. Classroom exercises might include having students formulate a profile of a helper by recalling experiences when they have been helped by others and abstracting the characteristics of that help, and administering one or two self-assessment instruments (e.g., Helping Relationship Inventory, Inventory of Self-Actualizing Characteristics, Myers-Briggs Type Indicator, FIRO-B)* followed by discussion of the values and limitations of such instruments. Disclosure of test results would be an individual option and emphasis would be on using the information for personal growth.

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Category **Personal and Professional Aspects of Counseling**

Unit II. Personal Values and Attitudes

Subunit

Related Activities (Section Two) 3, 4, 7, 8, 9, 13, 18, 36, 39

Rationale

It is impossible to divest the counseling relationship of the counselor's own goals, values, attitudes, beliefs, and life experiences. They are the basis for the counseling philosophy and style the counselor employs. Further, counselors must be able to recognize their own values and attitudes related to such issues as religion, friends, and work so that they can create a climate in which clients can freely explore these issues and so that they do not inadvertently impose personal values on the client.

Content Outline

A. Role of values (Brill 11-16; Egan 118-119; Simon 13-22; Smith 1-18, 222-256)
   1. Values and attitudes defined
   2. Sources of values
   3. Values and behavior
   4. Conflicting values

B. Clarifying personal values and attitudes (Smith 166-183)
   1. Recognizing expressions of value and attitude (Smith 15-16; NDAC Modules 12 and 13)
   2. Identifying personal values (Smith 20-23, 98-111; Simon 343-352)
   3. Helping others to clarify their values (Smith 209-221)

C. Clarifying attitudes on special issues
   1. Drinking (NCAE Unit II, Module 3)
   2. Alcoholism (NCAE Unit II, Module 7)

Suggested Instructional Activities

The nature of this unit suggests exercises designed to help participants begin to examine their own values and attitudes, to recognize how values and attitudes are expressed, and to make responses that help others to clarify their values. A short introductory lecture will relate the content of this unit to preceding units and to the role of the counselor and provide a framework for the exercises. Sample exercises are contained in Simon, Smith, NCAE, and NDAC references cited in items B and C of the content outline.

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Category **Personal and Professional Aspects of Counseling**

Unit III. Cultural Issues

Subunit

Related Activities (Section Two) 3, 13, 19, 29, 36

Rationale

Attitudes, values, and other personal characteristics are formulated by variables such as history, life experience, philosophy, world views, and status which are themselves culturally bound. Achieving self-awareness must include understanding how one is affected by one's culture. Understanding of a client's culture is essential to proper assessment, treatment planning, and application of the helping process.

Content Outline

A. Relationship to counseling (Evans 5-11)
    1. Common themes (Draguns 3-21)
    2. Some assumptions (Pedersen 22-58)
    3. Some barriers (Vontress 87-107)
    4. The need for empathy (Stewart 61-86)

B. An approach to cultural awareness
    1. Similarities vs. differences (Hsu 40-41)
    2. Postulates and their derivation (Hsu 61-65)
    3. Postulates of American culture (Hsu 78-82)

C. Minority cultures in America
    1. Historical perspective (Deloria 13-27; Franklin 1-12)
    2. Contemporary issues (Moore 275-299; Pettigrew 233-255)
    3. Specific minority cultures
        a. Asian-Americans (Peterson)
        b. Blacks (Jones 71-101)
        c. Mexican-Americans (Arce 177-191; Estrada 103-134; Watkins)
        d. Native Americans (Dorris 43-69)
        e. Puerto Ricans (Flores 193-217; Ghali; NDAC Modules II-IX)

Suggested Instructional Activities

Cognitive aspects of the content can be presented by lecture with recommended heavy use of group discussion of concepts. Discussion should make use of participants' experience to validate information and issues regarding various cultural groups. Exploration and examination of participants' cultural values and variables should take place in the context of a structured experience on an individual or small group basis to promote participant self-awareness and sharing of information among participants across cultural lines. One possibility is to construct postulates for other cultures after the ones developed by Hsu for the American culture and to discuss the differences and the implications of these differences for communication and understanding among cultures.

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Category	**Personal and Professional Aspects of Counseling**
Unit	IV. Personal Skills
Subunit	
Related Activities (Section Two)	7, 9, 15, 16, 20, 39

Rationale

One aspect of effective counseling is the ability to model and teach essential skills of living. The purpose of this unit is to improve participants' knowledge and ability to use skills in assertiveness, problemsolving and decisionmaking to benefit themselves and their clients.

Content Outline

A. Assertiveness (Alberti 9-24, 33-38; Kelley 115-119; Lange 7-53, 69-117)
   1. Assertive, aggressive, and passive behaviors
   2. Principles of making assertive statements
   3. Techniques for expressing personal wants and opinion

B. Problemsolving
   1. Problemsolving approaches (Cummins 41-43)
      a. Creative problemsolving (Ulschak 154-173)
      b. Force field analysis (Pfeiffer 79-84; Spier 111-113)
      c. A nine-step model (Earley 146-151)
      d. Contracting (Ulschak 138-142)
   2. Problemsolving in the helping relationship
      a. A comprehensive methodology (Egan 198-227)
      b. A four-step process (NDAC 1978b, Module 15)

C. Decisionmaking (NDAC 1978a, Module 5; Roskin 89-99)
   1. Decision styles and modes
   2. Appraising the effectiveness of a decision

Suggested Instructional Activities

The knowledge and skills of this unit should be imparted in a laboratory approach that combines presentation of concepts and models with application and practice. Participants should have the opportunity to apply models and skills to situations that are personally relevant to reinforce the process of self-awareness and self-assessment that was initiated in Unit I.

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Category **Personal and Professional Aspects of Counseling**

Unit V. The Helping Relationship

Subunit A. Supporting research

Related Activities (Section Two) 1, 2, 5, 6, 9, 11, 12, 41

Rationale

Helping is both a science and an art. The scientific aspects are drawn from elaborate research and theory on helping while the artistic aspects refer to the more intuitive nature of interpersonal relationships. In order to be effective in both aspects of a formal helping relationship, counselors must have some framework for ordering the experience with clients and some way of thinking about what they are doing and why they are doing it. This unit provides information that supports the basic tenets and approaches of the helping relationship.

Content Outline

1. Research related to the characteristics of the effective helping relationship
    a. Major dimensions of the helping relationship (Brammer and Shostrom 1968)
        - Uniqueness - commonality
        - Intellectual - emotional content
        - Ambiquity - clarity
        - Trust - distrust

    b. Essential conditions for client development (Rogers 1957)
        - Congruence in the relationship
        - Unconditional positive regard for the client
        - Empathic understanding of client
        - Efforts to communicate understanding

    c. Conditions that facilitate constructive change on the part of the client (Carkhuff 1969; Combs 1969; Rogers 1951)
        - Empathy
        - Warmth and caring
        - Openness
        - Positive regard and respect
        - Concreteness and specificity

    d. The goals of problemsolving must meet three criteria (Krumboltz 1966)
        - Desired by client
        - Helper willing to work toward client attainment
        - Goal attainment observable and assessable

2. Research related to the characteristics of the effective helper
    a. The principal helping tool is the helper. (Combs 1969)
    b. Personal traits distinguish the effective helper more than techniques. (Combs 1969)
        - Identification with people rather than things
        - Capacity to cope
        - Capacity for self-revelation
    c. Helping relationships are enhanced by a helper who is "approaching" and interested in feelings. (Whitehorn 1960)
    d. A high level of functioning on the part of the helper is directly related to constructive change by the client. (Carkhuff and Berenson 1967; Valle)
    e. Helper modeling can change a wide variety of client behavior. (Bandura 1969; Krumboltz and Thoreson 1969)
    f. A helper's theory and method are less important in the helping relationship than manifestations of a helping attitude. (Rogers 1961)
    g. Client perception of empathy, genuineness, and level of regard in counseling groups is correlated to members' improvement in self-concept and self-congruence. (Hansen 1967)

Suggested Instructional Activities

The content can best be transmitted by a combination of didactic presentation and assigned readings.

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Category **Personal and Professional Aspects of Counseling**

Unit V. The Helping Relationship

Subunit B. Theories of counseling

Related Activities (Section Two) 1, 2, 5, 6, 9, 11, 12, 41

Rationale

To fully understand the principles and dynamics of the helping process and effectively use helping skills in a therapeutic relationship, the counselor needs a guiding theory. The context or frame of reference derived from this theory will provide the counselor with a systematic way of thinking about helping and a perspective on his own work. Although each counselor must ultimately develop his own theory and style of helping, he or she can be directed by the experience, observations, and conclusions of others. There is no one preferred helping theory; each has limitations and strengths. In learning the underlying assumptions, dimensions, and elements of various approaches, the counselor will, over time, be able to develop his or her own integrated theory of helping.

Content Outline

1. Nature and utility of theory (Brammer 510-511)
    a. Describe and explain observations
    b. Basis for research
    c. Predict behavior
    d. Communicate with others
2. Major theoretical views (Brammer 511-512)
    a. Psychoanalytical/dynamic
    b. Behavioral
    c. Existential/humanistic
3. Specific theories (Brammer 513-515; Ford 109-590)
    a. Psychoanalytic
        - Major focus: levels of consciousness, intrapsychic conflict, emotional components
        - Application: elicit feelings and uncover unconscious bases for behavior; client can then use rational capacities to solve problems
        - Theorists: Freud, Jung, Adler, Rank
    b. Later neoanalytic
        - Major focus: interpersonal relationships
        - Application: quality of relationship between counselor and client; problemsolving
        - Theorists: Sullivan, Horney, Erikson, Fromm, Berne

c. Phenomenology/gestalt/self-actualization
- Major focus: human uniqueness, present orientation, freedom of choice, intrapersonal value conflicts
- Application: increase congruence between self-perception and experience of reality
- Theorists: May, Perls, Rogers, Maslow

d. Rational-emotive
- Major focus: rational approach to behavior change
- Application: alter self-defeating, irrational ideas
- Theorist: Ellis

e. Trait-and-factor
- Major focus: personality is partly a collection of discrete mental factors that can be measured
- Application: career counseling
- Theorist: Williamson

f. Behavioral
- Major focus: learning principles as a basis for behavior change
- Application: desensitization; goal-directed counseling; personal responsibility for behavior
- Theorists: Skinner, Dollard and Miller, Wolpe, Krumboltz, Glasser

4. Building a personal theory of counseling (Brammer 515-516; Brill 105-126)
   a. Solid grounding in existing theories
   b. Experience and observation
   c. Self-awareness

Suggested Instructional Activities

The cognitive portion of the content can be presented through readings, lecture, and group discussion. Participants should be invited to comment on each of the general theories presented in terms of how it seems to fit with their own values and experience. A small group or individual structured experience may be employed at the end of this unit in which participants begin to think about their perception of the helping process and construct their own "theory of helping."

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Category **Personal and Professional Aspects of Counseling**

Unit V. The Helping Relationship

Subunit C. Components of helping

Related Activities (Section Two) 1, 2, 5, 6, 9, 11, 12

Rationale

In becoming an effective helper, it is extremely important that the counselor understand the principles, beliefs, and assumptions underlying the helping relationship. Generalizations about helpers, clients, and the helping process, while primarily value statements and assumptions, are nonetheless prerequisites to fully appreciating the essential nature of the helping process, and in particular, the role of the helper in that process.

Content Outline

1. What helping means
   - a. Translating theory into practice (Rogers 3-18)
   - b. Defining the relationship (Brammer 1-21; Brill 65-72; Egan 1-13)
   - c. Goals and responsibilities of helping (Combs 115-129)
2. The helper
   - a. Characteristics (Brammer 22-43)
     - Levels of functioning
     - Personality
     - Life style
     - Motives
   - b. Contributions to the helping process (Carkhuff 33-45)
   - c. Being and becoming a helper (Combs 199-216)
3. The client (Carkhuff 46-62)
   - a. What the client brings
   - b. What the client does
4. The setting
   - a. Influence of context and environment (Carkhuff 63-75)
   - b. The helping atmosphere (Combs 143-158)

Suggested Instructional Activities

Lecture, reading, and discussion are the principal methods for presentation of this content. Discussion should be structured to help participants relate learnings of units on self awareness and personal values to the helping relationship.

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References

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*See Appendix C for ordering information.

Category	**Personal and Professional Aspects of Counseling**
Unit	V. The Helping Relationship
Subunit	D. Stages of helping
Related Activities (Section Two)	1, 2, 4, 5, 6, 7, 9, 15, 16, 20

Rationale

The helping process must be understood as a sequence of events moving from initial contact through achievement of final outcomes that comprise the total, parallel experience of the helper and client. Each phase of this process has its own goals and objectives and therefore requires the application of specific helper techniques. A number of helping models have been formulated. One is presented here for illustrative purposes. Others differ in number of steps and terminology. A counselor who has a thorough command of a helping model has a "cognitive map" to guide him or her in assisting a client. A helping model also provides a framework for selecting and using a variety of specific techniques and skills as appropriate to the client's needs at a particular stage.

Content Outline

1. Characteristics of the model (Egan 29-34)
    a. Progressive
    b. Each stage depends on success in preceding stage
    c. Skills required of helper become more complex with each stage
    d. Goal-directed
    e. Person-centered
2. Pre-helping stage (Egan 30, 34, 55-72)
    a. Goals
        - Discrimination
        - Respect
        - Reinforcement
        - Social influence
    b. Helper skill - attending
        - Physical
        - Psychological
3. Stage I: Responding to the client/client self-exploration (Egan 30, 34-36, 73-126)
    a. Helper goals
        - Respond to the client with respect and empathy
        - Establish rapport
        - Facilitate client's self-exploration

b. Client goals
  - Explore experiences, behavior, feelings
  - Explore ways in which client is living ineffectively

c. Helper skills
  - Primary level empathy
  - Genuineness
  - Respect
  - Concreteness

4. Stage II: Integrative understanding/dynamic self-understanding (Egan 30, 36-39, 127-181)

a. Helper goals
  - Organize client data
  - Indentify themes and patterns

b. Client goals
  - Develop self-understanding
  - Learn how to see patterns
  - Identify resources

c. Helper skills
  - All the Stage I skills
  - Advanced-level empathy
  - Self-disclosure
  - Immediacy
  - Confrontation
  - Alternative frames of reference

5. Stage III: Action programs (Egan 30, 39-40, 182-232)

a. Helper goals
  - Work out specific action programs with client
  - Help client to act
  - Explore alternative means for behavior change
  - Give support and direction

b. Client goals
  - Learn skills needed to live more effectively
  - Change dysfunctional living patterns
  - Develop new resources

c. Helper skills
  - All skills of Stages I and II
  - Problemsolving, decisionmaking
  - Support

6. Some cautions (Egan 50-53)
    a. Model is to be modified, refined, expanded as counselor gains in knowledge and experience
    b. Avoid rigidities in applying model; mechanistic progression through steps
        - Understanding does not always precede action
        - No predetermined time for each step
    c. Counselor needs a wide repertory of skills to handle all stages
    d. Initial awkwardness is expected

Suggested nstructional Activities

Lecture will serve to link this session to preceding ones which have paved the way for the stages and skills of the helping relationship. Assigned readings will free class time for discussion and practice. One approach is to present only an overview of the model in this session and integrate details of each stage with demonstration and practice of the skills contained in the next session.

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Additional Resources

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Epstein, L. *Helping People: The Task-Centered Approach*. St. Louis: Mosby, 1980.

Category **Personal and Professional Aspects of Counseling**

Unit V. The Helping Relationship

Subunit E. Helping skills

Related Activities (Section Two) 1, 2, 3, 4, 5, 6, 7, 8, 9

Rationale

The counseling relationship rests on communication between the counselor and the client. At minimum, the counselor must understand what the client is saying and feeling and communicate that understanding. An effective counselor needs an array of qualities, knowledge, and skills. Some of these attributes have been identified with stages of the helping relationship, including attending, empathy, respect, confrontation, and problemsolving. This unit gives an overview of communication theory and principles, highlights the qualities and skills essential to the helping relationship, and provides activities to help counselors acquire the basic skills.

Content Outline

1. Developing and maintaining communication (Brill 50-64; NDAC 1979, 227-241)
    a. Communication: a transfer of meanings from one person to another
    b. A communication process
    c. Nonverbal communication
    d. Verbal communication
    e. Communication by symbols
    f. Interpreting communications
    g. Feedback
2. Pre-helping stage (NCAE Session 2; Egan 55-72; Ivey 45-63)
    a. Skill: attending
    b. Elements of attending
3. Stage I (NCAE Sessions 3, 4, 5, 6; NDAC 1977, Modules 6, 7, 8, 9; Egan 73-126; Ivey 128-141, 149-153)
    a. Qualities: accurate empathy (primary), genuineness, respect, concreteness
    b. Behavioral expressions of Stage I qualities
    c. Related communication skills: paraphrasing, reflection of feeling, summarizing, probing

4. Stage II (NCAE Sessions 8, 9, 10; NDAC 1977, Module 10; Egan 127-181; Ivey 108-120, 141-149; Kennedy 40-46)
    a. Qualities: all from Stage I, accurate empathy (advanced), immediacy
    b. Behavioral expressions of Stage II qualities
    c. Related communication skills: counselor self-disclosure, interpretation, confrontation
5. Stage III (Brammer 129-149; Egan 182-232)
    a. Qualities: all from Stages I and II
    b. Counselor activities: facilitating action, giving support
    c. Skills: problemsolving, decisionmaking (See Unit IV. Personal Skills)
6. General guidelines (Wicks 120-149)

Suggested Instructional Activities

A brief lecture and discussion are appropriate to introduce the skills and relate them to the appropriate stage in the helping process. Microcounseling (as contained in CAC) is an effective approach to skill training and includes demonstration, practice, and feedback from participants and instructor. Skills should be practiced individually and then together in short, simulated counseling situations with participants acting as clients. Videotaping practice sessions gives participants another source of information for improving their skills. Kagan (listed below under Additional Resources) has developed a model for using videotape supported by a manual and trigger films. A review of problemsolving and decisionmaking skills (presented in Unit IV. Personal Skills) can be accomplished by applying the skills in a simulated counseling session.

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*See Appendix C for ordering information.

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*See Appendix C for ordering information.

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Category **Personal and Professional Aspects of Counseling**

Unit VI. Ethical and Professional Practice

Subunit

Related Activities (Section Two) 35, 36, 37, 38, 39

Rationale

The alcoholism counselor has responsibilities to self, clients, other professionals, and society that are reflected in professional and ethical standards. These standards underlie all phases of practice and must become an integral part of the counselor's performance.

Content Outline

A. Characteristics of a profession (Boissoneau 1-10; Kennedy 7-13)

B. Alcoholism counseling as a profession (Alcoholics Anonymous; Mann; McInerney; Royce 317-329; Valle 7-13, 29-37)
  1. Historical perspective
    a. Milestones in the emergence of the profession
    b. Trends supporting professional recognition
    c. Role of counselors who are recovering alcoholics
  2. Ethics and codes of ethics

C. Professional issues (Kennedy 331-336; Royce 326-329; Valle 75-91; Wegscheider 220-239, 248-253; Wicks 108-116)
  1. Handling stress
  2. Working with other professionals

D. Credentialing (Royce 326-329; Nat'l. Comm. 7-20; Valle 14-28)
  1. Definitions
    a. Certification
    b. Licensure
    c. Registration
    d. Accreditation
  2. Alcoholism counselor credentialing
    a. Background
    b. Current status; national and local

E. Resources for personal and professional growth (Boissoneau 201-206; Powell 29-36; Valle 109-125)
  1. Professional associations
  2. Journals

3. Continuing education
4. Clinical supervision

Suggested Instructional Activities

Lecture, discussion, and reading are appropriate methods for presenting concepts of professionalism; the emergence of alcoholism counseling as a profession; and the linkage with other units in this category, particularly self-awareness/self-assessment and the helping relationship. Other activities may include discussion of situations that pose ethical dilemmas, examination of State certification requirements, and presentations by certification board and counselor association representatives.

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*See Appendix C for ordering information.

Category **Alcohol and Alcoholism**

Unit I. Development of Alcoholism

Subunit

Related Activities (Section Two) 6, 8, 10, 11, 21, 31, 46, 47

Rationale

Basic facts about alcoholism include what it is and how it is manifest, as well as the unresolved issues that are subject to debate and further study. This unit provides the counselor with a perspective on alcoholism and essential information needed by all practitioners.

Content Outline

A. Definitions (Davies 53-73; Kinney 40-44; Royce 8-14)
    1. Jellinek (Jellinek 35)
    2. National Council on Alcoholism (NCA)
    3. American Medical Association (AMA 4)
    4. World Health Organization (Edwards 17)

B. The disease concept (Kinney 45-47; Royce 159-176)
    1. Advantages
    2. Disadvantages
    3. Implications

C. Patterns and progression (Jellinek 35-41; Royce 87-102, 267-280; Seixas 59-66)
    1. Types: alpha, beta, gamma, delta, epsilon
    2. Phases: prealcoholic, prodromal, crucial, chronic
    3. Diagnosis (Pattison; Seixas 44-68)
    4. Recovery

D. The experience of being an alcoholic (Wallace 3-14)

E. Theories of causation (Royce 140-158; Schuckit 15-27; Tarter 75-106)
    1. Psychological
    2. Sociocultural
    3. Biological

F. Epidemiology (NIAAA 14-41; Haglund 28-43; Royce 23-32)
  1. Methods
  2. Studies
    a. Drinking practices
    b. Alcoholism

Suggested Instructional Activities

Principal methods for this unit are lecture and assigned readings with class discussion for clarification and amplification of key points. Selected videotapes or films may replace lecture presentations.

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*Films:
- Alcohol and Young People
- Chalk Talk on Alcohol
- Pandora's Bottle
- The Life, Death,...and Recovery of an Alcoholic

*University of Mid-America videocassette:
- Ain't Goin' Away
- Louder Than Words
- The Experts on the Causes

*See Appendix C for ordering information.

Category **Alcohol and Alcoholism**

Unit II. Alcoholism as a Major Health Problem

Subunit

Related Activities (Section Two) 10, 11, 12, 13, 21, 44, 46, 47

Rationale

Alcoholism and other alcohol-related problems have consequences that go beyond the individual with the problem. These consequences are of serious concern to society at large and have prompted a variety of public policies and programs aimed at reducing the human and economic costs of alcohol misuse. Certain groups in which the effects of alcoholism are striking or distinctive are also presented.

Content Outline

A. Consequences to health (NIAAA 43-45, 81-84)
   1. Illness associated with alcohol misuse
   2. Mortality rates
   3. Traffic fatalities and injuries
   4. Suicide

B. Effects in special groups (NIAAA 84, 88-90, 92)
   1. Elderly
   2. Youth
   3. Women
   4. The gay community

C. Effects in cultural groups (NIAAA 85-88)
   1. Native Americans
   2. Native Alaskans
   3. Hispanic Americans
   4. Black Americans
   5. Asian Americans

D. Impact on the family (NIAAA 90-92)
   1. Spouse abuse
   2. Child abuse
   3. Children of alcoholic parents
   4. Fetal alcohol effects

E. Crime (NIAAA 83-84)

F. Economic costs (NIAAA 93)

G. Legal aspects (NIAAA 125, 128; Grad 307-338; Royce 304-316)
  1. Liability
  2. Discrimination
  3. Traffic laws
  4. Regulation of sale
  5. Uniform Act
  6. Other laws and legislation
    a. Federal Employees Liability Act
    b. State Workmen's Compensation
    c. Insurance coverage

Suggested Instructional Activities

The content of this unit can be presented through lecture and a reading list for future reference when participants may find need for more detailed information.

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*Films: A Time for Decision
Medical Aspects of Alcohol, Part I.

*See Appendix C for ordering information.

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Category **Alcohol and Alcoholism**

Unit III. Alcoholism and the Family

Subunit

Related Activities (Section Two) 12, 21, 46, 47

Rationale

The devastating consequences of alcoholism in the family, the individual treatment needs of non-alcoholic members, and the need to consider the family as a unit in illness and recovery are receiving increasing attention. The counselor needs to know the dynamics of alcoholic families as a basis for assessment and treatment planning.

Content Outline

A. Family dynamics
    1. Historical perspective (Ablon 205-242)
    2. How alcoholism affects the family (Bailey 56-66; Hanson 67-75; Jackson 122-135; Royce 119-139; Steinglass; Wolin)
        a. At first appearance
        b. As a persistent condition
        c. Alternative outcomes
    3. Coping mechanisms (Wegscheider 79-149)

B. Children of alcoholics (Black; Seixas 153-161)
    1. Consequences of conflict
    2. Developmental problems
    3. Methods of coping
    4. Prevention and treatment

C. Family treatment programs (Family Program Profiles)

Suggested Instructional Activities

Lecture and readings are appropriate methods for the factual material. A film is useful for conveying the effect of alcoholism on the family as a unit and on the children.

References

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*Films: Francesca, Baby
Soft Is the Heart of a Child
The Enablers

*University of Mid-America videocassette: A Family Matter

*See Appendix C for ordering information.

Category **Alcohol and Alcoholism**

Unit IV. Alcoholism in Cultural Groups and Special Populations

Subunit

Related Activities (Section Two) 13, 19, 29

Rationale

The use of alcohol, alcoholism, and treatment issues are shaped by the culture of the group in which they are manifest. The counselor needs to be aware of these variations because they affect problem definition, assessment, and treatment approaches.

Content Outline

A. Cultural groups
   1. Black Americans
      a. Historical perspective (Larkins 13-25)
      b. Drinking patterns (Harper 27-37)
      c. The black family and alcohol (Sterne 177-185)
      d. Research (Benjamin 241-245; Dawkins 141-152)
   2. Native Americans (G. Baker 9-20, 55-61; J. Baker 194-203; French 275-280; Johansen)
      a. Scope of the problem
      b. Historical background
      c. Contemporary drinking patterns
      d. Trends in treatment
   3. Hispanic Americans (Kane 89-114; NDAC Module X; Paine)

B. Special populations (Braucht 109-143; Globetti 162-173; Kinney 241-253)
   1. Youth
      a. Special characteristics
      b. Drinking patterns
      c. Working with youth
   2. Women (Burtle 5-115; Corrigan 30-85; Gomberg 174-185; Kinney 217-228)
      a. Scope of the problem (Sandmaier 58-81)
      b. Classifications
      c. Gender differences (Kalant 1-24)
      d. Origins (Sandmaier 82-105)
      e. Manifestations
      f. Consequences

3. Elderly (Dunham; Kinney 228-241; Mishara 41-84; Rathbone-McCuan; Wilson)
    a. Patterns of alcohol and drug use
    b. Factors in excessive use
    c. Useful treatment approaches
4. Disabled (Hindman)
5. Gays/lesbians (Diamond; Hawkins 137-153)

Suggested Instructional Activities

An alternative to lecture and readings is group projects in which participants divide into groups, each group selecting one cultural group or special population. The groups gather information from the literature and available local resources (community groups, prevention and treatment programs, etc.) and make an oral presentation emphasizing the scope of the problem, special needs, and considerations in planning services.

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Category **Alcohol and Alcoholism**

Unit V. Alcohol and Other Psychoactive Drugs

Subunit

Related Activities (Section Two) 8, 10, 11, 21, 46, 47

Rationale

A counselor must be conversant with the name classification and actions of alcohol and other psychoactive drugs to recognize and understand the visible effects of drugs and impart accurate information to clients and others.

Content Outline

A. Drug taking behavior (NDAC Modules III and V; Ray 3-23)
  1. Scientific factors
  2. Social factors

B. Pharmacological concepts (NDAC Module IV; Ray 94-111)
  1. Classifying drugs
  2. Naming drugs
  3. Drug action over time
    a. Cumulative effects
    b. Tolerance
    c. Dependence
  4. Combined effects
    a. Antagonism
    b. Potentiation
    c. Synergism
    d. Cross tolerance
    e. Cross dependence
  5. How drugs act in the body (Ray 112-122)
    a. Where they act
    b. How they get there
    c. How they are deactivitated

C. Alcohol (Ray 124-152)
  1. Metabolism and peripheral effects
  2. Central nervous system effects
  3. Blood alcohol level and behavioral effects
  4. Pathophysiological effects (Kinney 76-126)

   5. Intoxication and withdrawal (Butz 79-85)
      a. Acute intoxication
      b. Pathological intoxication
      c. Alcoholic amnesia
      d. Addiction and withdrawal
   6. Alcoholism and malnutrition (Worthington 86-101)

D. Psychotherapeutic drugs (Ray 244-296)
   1. Tranquilizers and mood modifiers
   2. Stimulants and depressants

E. Narcotics (Ray 298-342)

F. Hallucinogens and marijuana (Ray 344-420)

G. The addictive process (Kissin Vol. 5; Peele)

H. Polydrug abuse; cross-addiction (Kinney 211-216; Kissin Vol. 3)

Suggested Instructional Activities

Lectures, readings, and discussion are appropriate methods for this unit. An alternative is to invite guest lecturers from the local hospital emergency room or detoxification center to present the content on drug effects and withdrawal.

References

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*Films: Alcohol, Pills, and Recovery
Medical Aspects of Alcohol - Part II

*University of Mid-America videocassette: Alcohol and the Body

*See Appendix C for ordering information.

Category **Alcohol and Alcoholism**

Unit VI. Trends in Treatment

Subunit

Related Activities (Section Two) 16, 20, 38, 46

Rationale

Winston Churchill said, "The farther backward you can look, the farther forward you are likely to see." To understand the present and anticipate the future, counselors need to have an understanding of significant past events in the use of alcohol and the concepts and treatment of alcoholism.

Content Outline

A. Historical view (Howland 39-60; Keller 5-28; Paredes 9-28; Tongue 31-38)
   1. Early America and before
   2. Use of alcohol
   3. Changing concepts of alcoholism

B. Social policy and alcohol problems (Paredes 28-52; Plaut 21-29, 53-85; Rouse 339-381)
   1. Private
   2. Public

C. Current patterns
   1. Intervention (NIAAA 123-135)
   2. Treatment and rehabilitation (NIAAA 137-167)

D. Research

Suggested Instructional Activities

A film is appropriate to illustrate current American attitudes and behaviors related to drinking. Assigned readings, written reports, lecture, and discussion are alternative methods for presenting the remaining content.

References

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*Films: Living Sober: The Class of '76
Wets vs. Drys

*See Appendix C for ordering information.

Category **Alcohol and Alcoholism**

Unit VII. Prevention

Subunit

Related Activities (Section Two) 45, 46

Rationale

Prevention activities related to alcohol use have kept pace with the growing interest in health promotion generally. Counselors as alcoholism specialists have an important role to play in encouraging and supporting community prevention efforts and initiating prevention measures among clients. To be effective, counselors need to understand the concepts and terminology of prevention, be conversant with current issues and trends, and be acquainted with program models and resources.

Content Outline

A. Models of prevention (NIAAA 1981a, 103-107; Pittman 11-16, 39-47)
    1. The public health model
    2. Distribution of consumption model
    3. The sociocultural model

B. Prevention strategies (Moore 48-60; NDAC Module VII; Pittman 73-79)
    1. The problem-specific approach (NIAAA 1981a, 108)
    2. Current issues and trends (Blane; Pittman 17-30; Room)
        a. Legal drinking age
        b. Drinking and driving
        c. Dedicated taxes
        d. Labelling: contents (additives) and health warning
        e. Advertising
    3. Examples of existing programs (NIAAA 1981a, 108-115)
        a. Media and communications
        b. Voluntary organizations and community programs
        c. School-based prevention
        d. High risk populations
            - Women (NIAAA 1981c)
            - Youth (NIAAA 1981b)
            - Children of alcoholics (O'Gorman 81-100)
            - Minorities (Payton)
    4. Role of alcohol beverage control boards (NIAAA 1981a, 115-116)

C. Resources for information and materials (NIAAA 1979)

Suggested Instructional Activities

Cognitive aspects of the content can be presented in lecture, assigned readings, and/or discussion. Selected prevention materials can be presented for classification and evaluation. Students can bring in examples of prevention activities they find in their community.

References

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Category **Alcoholism Counseling and Treatment**

Unit I. Overview of Alcoholism Treatment

Subunit A. Treatment

Related Activities (Section Two) 10, 14, 15, 19, 28, 29, 31

Rationale

Like other diseases, alcoholism has characteristic signs and symptoms. However, each individual who is affected by alcoholism responds in unique ways to the disease and to treatment. Over the years a continuum of care has evolved to meet the various needs of alcoholics during the stages of recovery. Furthermore, a variety of treatment modalities has also developed. Some have become standard components of treatment. Some are effective with certain groups of clients; some require specialized training. Counselors need to be aware of the full range of treatment resources that may be applied to foster recovery and the factors to consider in selecting among them for individual treatment planning.

Content Outline

1. Treatment models (Kissin 32-51)
2. Philosophy and goals (NIAAA 137-150; Kinney 134-139; Kissin 22-32)
   a. Sobriety
   b. Comprehensive services
   c. Underserved groups
   d. Rehabilitation
   e. Early intervention
   f. Relationship with prevention
   g. Collaboration among providers
3. Continuum of care
   a. Components
      - Detoxification
      - Inpatient
      - Outpatient
      - Intermediate
      - Aftercare and follow-up
   b. Coordination of services
4. Treatment modalities (Biegel 214-233; NIAAA 150-157; Kinney 184-192)
   a. Individual, group, and family counseling
   b. Drug therapies
   c. Education

   - d. Special techniques (e.g., behavior modification, Gestalt Therapy, Transactional Analysis, Reality Therapy)
5. Evaluation of treatment methods (Baekeland 385-440)
6. Ancillary services
   - a. Medical
   - b. Social
   - c. Vocational
   - d. Other
7. Professional workers in alcoholism treatment
   - a. Alcoholism counselor
   - b. Physicians and other health care providers
   - c. Psychologists and social workers
   - d. Clergy
8. Matching treatment resources to client needs (Ogborne 177-223; Solomon)
   - a. Measures of treatment outcome
   - b. Client characteristics
   - c. Therapeutic factors

Suggested Instructional Activities

In addition to lecture and assigned readings, students may visit and report on local treatment services; prepare reports on special techniques, emphasizing the underlying theory, benefits and limitations, and preparation needed to use the technique; and interview other professionals in alcoholism treatment.

References

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*University of Mid-America videocassette: The First Step

*See Appendix C for ordering information.

Category **Alcoholism Counseling and Treatment**

Unit I. Overview of Alcoholism Treatment

Subunit B. The role of Alcoholics Anonymous

Related Activities (Section Two) 15, 19, 21, 27, 28, 31

Rationale

Alcoholics Anonymous was for a long time the only source of help and support for many recovering alcoholics. It will always play a unique and indispensable role for alcoholics in the achievement and maintenance of sobriety. The preparation of an alcoholism counselor is incomplete without a thorough knowledge and understanding of the A.A. program.

Content Outline

1. History and development (Norris 751-776)
   a. Origins
   b. Organization
   c. Membership
   d. Literature
2. The A.A. philosophy and program (Alcoholics Anonymous; Norris 735-751)
   a. The 12 steps
   b. The 12 traditions
3. Relationship to treatment (Blume 545-565; Curlee-Salisbury 266-273; Doroff 237-240; Kinney 176-179; Royce 242-255; Wegscheider 205-219))
4. Al-Anon, Alateen, and other self-help groups (Ablon 274-282; Al-Anon 1971, 223-280; Al-Anon 1973, 106-114; Royce 256-266)

Suggested Instructional Activities

Lecture and readings, especially of A.A. literature, are useful methods for presentation of information. Attendance at several different open meetings is essential and might be supplemented by a class discussion with volunteer A.A. members as resource people. Similar activities are suggested for Al-Anon and Alateen.

References

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*Film: Alcoholics Anonymous--An Inside View

*University of Mid-America videocassette: Alcoholics Anonymous

*See Appendix C for ordering information.

Category **Alcoholism Counseling and Treatment**

Unit II. Individual Counseling

Subunit A. Assessment

Related Activities (Section Two) 10, 11, 12, 13

Rationale

The purpose of this unit is to provide a framework for use in coming to an appropriate and mutually agreed upon judgment about whether treatment is indicated, and if so, what kind, where, when, with whom, and to what extent. Furthermore, the effective assessment should provide a viable, alcohol-specific base of information to develop into a treatment plan or into a coordinated service plan. This unit presumes some level of interpersonal skill development and knowledge of the helping process and leads logically to the treatment planning, referral, and termination units.

Content Outline

1. Gathering significant and usable information (NDAC Sessions 1 and 2; Schulman 12-39; Wicks 14-35)
   a. Direct methods
      - Observation
      - Conducting an interview
   b. Indirect methods
      - Interviewing persons other than the client
      - Reviewing reports and records
   c. Distinguishing fact from inference
2. Identifying and clarifying problems and strengths (NCAE Sessions II and III; NDAC Sessions 3, 4, 5, 7; Kinney 140-153; Pincus 104-114)
   a. Individual and family history taking
   b. Drinking patterns, drug use, and previous treatment experience
   c. Health and life areas
      - Physical
      - Emotional
      - Social/cultural
      - Values
      - Economic/vocational
   d. Condition of support structure
3. Defining problems and establishing priorities (Epstein 165-191)

Suggested Instructional Activities

An introductory lecture and discussion can provide basic information about the distinctions between interviewing and counseling; evaluating information; and the elements of an assessment. Role plays between "client" and counselor in a series of assessment interviews are effective for skill practice. Observation of live or videotaped assessment interviews conducted by a counselor is one method for introducing the process. Actual client records, altered to protect confidentiality, are useful for analysis.

References

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*See Appendix C for ordering information.

Category Alcoholism Counseling and Treatment

Unit II. Individual Counseling

Subunit B. Treatment planning

Related Activities (Section Two) 15, 16, 17, 19

Rationale

The purpose of this unit is to provide a structured, systematic, and flexible method of establishing a joint plan of treatment with the alcoholic client, consistent with client needs and values. The unit assumes learner ability to identify, assess, and define problems to be treated and logically leads to the unit on counseling activities and techniques.

Content Outline

1. Establishing specific and feasible goals (Epstein 193-211)
    a. Address identified problems
    b. Assess strengths and weaknesses in life and health areas and in support systems
    c. Force field analysis of factors
        - Favoring goal attainment
        - Opposing goal attainment
2. Developing plan to attain goals (Baekeland 385-440; NCAE Session V; NDAC Session 6).
    a. Selecting treatment modalities
    b. Referral for ancillary services
    c. Establishing checkpoints and indicators of success (Chalmers 225-277)
3. Developing a written plan (NDAC Session 6; Pincus 194-226)
    a. Purposes
    b. Elements

Suggested Instructional Activities

After an initial lecture to present the purpose and elements of a treatment plan, case studies (ideally, the same ones used in the unit on assessment) could be analyzed for appropriateness to client needs, feasibility, and selection of resources. As a next step, participants would develop treatment plans based on hypothetical or real, but disguised, assessment data.

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*See Appendix C for ordering information.

Category **Alcoholism Counseling and Treatment**

Unit II. Individual Counseling

Subunit C. Counseling activities and techniques

Related Activities (Section Two) 4, 5, 6, 7, 8, 9, 19

Rationale

The heart of treatment is the interaction between the client and the counselor. All the counselor's knowledge, experience, and skill contribute to the effective use of self to foster client recovery.

Content Outline

1. Themes in alcoholism counseling (Heinemann 239-248; Johnson 92-98; Kinney 153-160)
    a. Dependency
        - Physical
        - Psychological
    b. Extent of psychosocial coping ability and social supports
    c. Client expectations of counseling
        - Socioeconomic and cultural factors
        - Previous history of treatment
        - Voluntary or involuntary entry into treatment
    d. Defense structure (Wallace)
    e. The addictive cycle
        - Patterns of drinking and abstinence
        - Progressive stages of development
        - Relapse (Gorski)
2. Techniques and strategies of alcoholism counseling (Baekeland 177-187; Blane 113-158; Valle 92-108, 126-140)
    a. Constructive confrontation
    b. Setting limits
    c. Developing new coping skills
    d. Handling resistance and ambivalence
    e. Strategies for maintaining abstinence
    f. Dealing with dependency
    g. Problemsolving and decisionmaking skill development
    h. Recognition of transference
3. Cultural factors in individual counseling (Baker 39-54; Evans 12-20; Gordon; Kane 164-197; Kline; NDAC Modules X and XI)
    a. Client expectations
    b. Recognition and acceptance of different values

4. Handling sensitive issues
    a. Sexuality (Beaton; Powell; Weinberg)
    b. Child abuse (Hindman)
    c. Spirituality (Clinebell 154-163; Kinney 179-184; Royce 281-303)

Suggested nstructional Activities

Aside from assigned reading and some lecture for presentation of selected techniques, the bulk of instruction for this unit is experiential. Laboratory activities involve simulated counseling situations in which participants role play clients and counselors in order to demonstrate and practice skills, and exchange feedback with peers and instructors. Audio and/or videotapes of counseling sessions are useful for recognition exercises. Practicum activities would involve observation/assistant roles with a skilled alcoholism counselor and active handling of an alcoholism client under supervision.

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*See Appendix C for ordering information.

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*University of Mid-America videocassette: Special Treatment

*See Appendix C for ordering information.

Category **Alcoholism Counseling and Treatment**
Unit III. Termination
Subunit

Related Activities (Section Two) 25, 26, 29, 33, 34, 35

Rationale

Termination of treatment is as important as the treatment itself and often is taken for granted in both individual and group counseling. The alcoholism counselor needs to recognize when termination is appropriate or inappropriate, keep the eventual end of treatment in focus from the beginning, be aware of the personal significance of termination, and use the event of termination as an opportunity for client growth.

Content Outline

A. Meaning of termination (Blane 145-147; NCAE 43-47; Pincus 272-285)
    1. Implications for client and counselor
    2. Issues of dependency, guilt, loss, abandonment
    3. Steps to facilitate client growth
        a. Planning and negotiating with client
        b. Emphasis on goal attainment and accomplishments
        c. Handling client reactions to termination
            - Relapses
            - Temporary regressions

B. Termination of counseling sessions (Schulman 140-142; Valle 140-148)
    1. Use of time boundaries in setting limits
    2. Review of content, "homework" preparation, between session steps
    3. Methods
    4. Individual, group, and family group session endings

C. Termination of counseling (NCAE 43-47; Reid 192-199; Yalom 225-235, 365-374; Valle 140-148)
    1. Planned and unplanned
    2. Client or counselor initiated
    3. Individual and group

Suggested Instructional Activities

The content can best be transmitted by a combination of information giving and experiential exercises. Students can learn from direct experience with termination of their own training. Processes and steps can be modeled by the instructor. Much of the content can be generated by the training group out of their own experience, and with skilled leadership the group will develop the main psychological and social concepts of termination.

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*See Appendix C for ordering information.

Category **Alcoholism Counseling and Treatment**

Unit IV. Case Management and Documentation

Subunit

Related Activities (Section Two) 15, 19, 27, 28, 29, 30, 31, 40, 41, 42

Rationale

The problems of alcoholism clients are often multiple, complex, and require simultaneous involvement of more than one helping professional in more than one agency. These various services must be coordinated and monitored to ensure continuity of care. The alcoholism counselor may be coordinator of the treatment team or may be a member of the team. This unit addresses the coordination and team member roles and activities and the importance of record keeping to high quality client services.

Content Outline

A. Selection of services (Pattison 205-208; Stone)
    1. Intra-agency vs. interagency
    2. Client factors
        a. Degree of psychological and social competence
        b. Stage of alcoholism
        c. Degree of chronicity and severity
        d. Previous history of treatment
        e. Client ability to handle increased interactional demands
        f. Degree of client motivation
    3. Agency factors (Pincus 227-246)
        a. Availability of treatment alternatives
        b. Location
        c. Type and quality of services

B. Coordination of services (Pincus 227-246)
    1. Principles of continuity of care
    2. Establishing procedures
    3. Maintaining communications

C. Documentation (NDAC 1974, Unit C; NDAC 1980; Schrier; Wicks 95-105; Wilson)
    1. Legal regulations and agency policy on case records
    2. Formats, purposes, and methods of documentation
    3. Problem oriented recordkeeping and progress notes
    4. Writing legibly, concisely, and precisely
    5. Writing case reports

6. Taking a history
7. Maintaining files

Suggested Instructional Activities

This unit is best suited to a mixed instructional strategy. A simulation of a set of alcoholism facilities and other service structures can be readily adapted from existing simulations to provide a powerful learning tool for practicing the complex set of skills in this unit. Learner construction of a resource booklet as a product of training is useful both as an instructional activity and as a contribution to the alcoholism service system.

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*See Appendix C for ordering information.

Category **Alcoholism Counseling and Treatment**

Unit V. Group Counseling

Subunit

Related Activities (Section Two) 19, 23, 24, 25, 26

Rationale

Group counseling is a widely accepted mode of alcoholism treatment. Alcoholism counselors need to understand the concepts of group counseling and be skillful in leading and coleading groups.

Content Outline

A. Principles of group process (NCAE; Johnson; Napier)
  1. Definition of a group
  2. Types of groups
  3. Theories of group process and dynamics
  4. Curative factors in group counseling
  5. What to observe in groups
  6. Role of the group leader
  7. Issues in coleading
  8. Making interventions

B. Group counseling with alcoholism clients (Blume 63-75; Brown; Doroff 240-258; NCAE; Kinney 160-165; Yalom)
  1. Purposes served
    a. Socialization
    b. Support system
    c. Enhancing social and psychological competence
    d. Maintaining sobriety
  2. Selecting group members
  3. Initiating a group
  4. Purposes and techniques of intervention
    a. Establishing and maintaining group norms
    b. Balancing individual and group needs
    c. Modeling interpersonal skills (e.g., feedback, expression of feeling)
    d. Promoting group cohesiveness
    e. Modeling and teaching goalsetting, problemsolving and decisionmaking skills

C. Cultural factors (Atkinson)
  1. In forming groups
  2. Implications during group counseling

Suggested Instructional Activities

Not only is this unit ideally suited for experiential learning activities, but such activities are probably essential for proper acquisition of knowledge and skills. The learning group itself, if it exists over a sufficient period of time, constitutes a ready laboratory to illustrate concepts and practice skills. Even a large training group can learn experientially when it is broken into the preferred small group size. Practicum experience should provide the opportunity for learners to participate in a counseling group of actual clients under supervision of an experienced group counselor.

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*See Appendix C for ordering information.

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Category **Alcoholism Counseling and Treatment**

Unit VI. Family Counseling

Subunit

Related Activities (Section Two) 12, 19, 21, 22

Rationale

In recent years the impact of alcoholism on family members and the family as a whole has been receiving more and more attention. Family members need support, counseling, and education in coping with the progression of illness in the alcoholic family member. They also need assistance in understanding and coping with the changes that occur during recovery. The alcoholism counselor must be prepared to render these services and to recognize and refer families who need treatment for nonalcohol-related problems.

Content Outline

A. Theories/models of family therapy
    1. Development of family therapy (Haley 1-12; NIDA 1-7)
    2. Models of therapy (Bowen; Haley and Hoffman; Minuchin 1-15)
    3. Preparation of family therapists (Barnard 299-315)
    4. Implications of family therapy theory/techniques for alcoholism treatment (Steinglass 292-296)
        a. Redefinition of alcoholism development and recovery processes
        b. Change in treatment population (increase in nonalcoholics)
        c. Changing outcome goals (greater emphasis on family functioning than on abstinence)

B. Family therapy and alcoholism (Dulfano 119-136; Meeks 835-852)
    1. Historical perspective (Ablon 205-242)
    2. Family therapy in alcoholism (NIDA 17-21; Steinglass 259-291)
    3. Adapting and selecting family therapy techniques (Kaufman 255-272)

C. Family counseling in alcoholism (Estes 259-265; Howard 137-162; Kinney 165-170; Paolini 141-169; Wegscheider 89-204, 241-247)
    1. Assessment
    2. Education about alcoholism

3. Coping skills
    a. During illness
    b. During recovery
4. Prevention of alcoholism

D. Cultural factors

E. Indications of need for family therapy

F. Referral resources for family therapy

Suggested Instructional Activities

The instructional approach to this unit parallels the approach to group counseling: lectures and reading assignments for theory and concepts and liberal use of laboratory and practicum experience for skill development. Role plays and audio and videotapes are appropriate methods for the laboratory setting. Field experience in family counseling should be in conjunction with an experienced counselor. Ideally, group counseling training experiences should be a prerequisite for this course.

References

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Category Alcoholism Counseling and Treatment

Unit VII. Referral

Subunit

Related Activities (Section Two) 22, 27, 28, 29, 30, 38

Rationale

Provision of comprehensive services for alcoholic clients requires referrals to other components of the alcoholism treatment continuum or to other health and human service agencies. Effective referrals depend on the counselor's knowledge of the range of services available and ability to select appropriate resources, prepare and support the client during the referral, and followup with both agency and client.

Content Outline

A. Identifying resources (Matthews 15-40)

B. Making referrals (Baekeland 174-195; Royce 211-222; Stone)
  1. Indications for referral
  2. Factors in failed referrals
    a. Client factors
      - Fear of new situations
      - Unclear and distorted expectations
      - Ambivalence, denial, and low frustration tolerance
      - Feelings of worthlessness
      - Cultural factors
    b. Referral source factors
      - Stereotypes and attitudes
      - Careless preparation and procedures
      - Lack of followup with client and receiving facility to assure linkage
  3. Planning for referral
    a. Assessment of client needs, motivations, and capacities
    b. Active engagement of client
    c. Issues of confidentiality
  4. Making the link
    a. Using client strengths to initiate
    b. Negotiating "referral contract" with client and receiving facility
      - Time, place, and person
      - Followup schedule and procedure
  5. Followup of referral according to "contract"

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C. Receiving referrals (Baekeland 174-176; NCAE 15-68; Wicks 105-106)
  1. Critical factors
    a. The facility
    b. Time lag between referral and client engagement
    c. Administrative and procedural blocks
    d. Lack of clarity about procedures
    e. Need for a negotiated "contract"
  2. Assisting client engagement
    a. Staff behavior
    b. Constructive confrontation
    c. Negotiating "contract" for initial visit
    d. Follow-up with client and referral source

Suggested Instructional Activities

A combination of lecture, readings, and case study are suggested for this unit. Other activities might include simulated practice in preparing a client for referral and structured role plays of staff interactions in intra-agency and interagency referrals.

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*See Appendix C for ordering information.

Category Alcoholism Counseling and Treatment

Unit VIII. Crisis Intervention

Subunit

Related Activities (Section Two) 10, 12, 16

Rationale

The purpose of this unit is to provide techniques for handling crises with alcoholism clients appropriately and effectively. Because clients with drinking problems tend to use alcohol as a coping strategy and a crisis increases demands on coping, these techniques are important in helping clients to stay sober, learn new coping skills, and solidify their support systems.

Content Outline

A. Theory of crisis (Aquilera; Kennedy; Wicks 86-89)
  1. Limited duration
  2. Stages of crisis
  3. Precipitating causes
  4. Weakened defenses
  5. Increased opportunity for change and increased risk of alcohol abuse
  6. Homeostatic mechanisms
  7. Implications of support systems

B. Types of crisis (Kennedy; Kinney 193-200; Wicks 91)
  1. Physical
    a. Alcohol-related
    b. Nonalcohol-related
  2. Psychosocial
  3. Subjective, perceptual, and cultural factors
  4. Suicide and assault

C. Techniques of crisis intervention (Okun 155-181; Wicks 89-94)
  1. Recognizing and assessing crises
  2. Distinguishing medical and psychological emergencies from crises
    a. Use of appropriate help (police, ambulance)
    b. Recognition of counselor limitations and proper role during emergencies
    c. Risk assessment

3. Assessing stage of crisis
4. Rapid rapport building
5. Involvement of support networks
    a. Family and friends
    b. Alcoholics Anonymous
6. Postcrisis followup
7. Telephone counseling

Suggested Instructional Activities

Lecture presentations and readings combined with demonstrations and practice are recommended instructional activities for this unit. Structured role plays also may be used for skill development in handling crisis situations.

References

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Category Alcoholism Counseling and Treatment

Unit IX. Structured Intervention

Subunit

Related Activities (Section Two) 14

Rationale

Structured intervention is a procedure particularly designed to assist alcoholics to enter treatment as early as possible. It requires the participation of family and/or significant others in a well planned and executed confrontation with the alcoholic person under the guidance of an alcoholism counselor. Alcoholism counselors who wish to use this technique need to understand the procedures involved and acquire the skills needed to conduct a structured intervention.

Content Outline

A. Principles, procedures, and conditions of a structured intervention

B. Planning the intervention
   1. Selecting the participants
   2. Preparing the participants
   3. Determining an appropriate treatment plan

C. Conducting an intervention meeting

D. Making appropriate referrals and follow-up
   1. Successful intervention
   2. Unsuccessful intervention
   3. Debriefing session for intervention team

Suggested Instructional Activities

Lecture, readings, and demonstrations are appropriate ways to introduce the concept and procedures of a structured intervention. Some films are available to assist in the demonstration activity. "The Intervention" is especially recommended. Structured role plays are effective in providing supervised practice in the related skills.

References

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*Films: The Enablers
The Intervention

*See Appendix C for ordering information.

Category	**Service Delivery System**
Unit	I. Organization and Relationships
Subunit	
Related Activities (Section Two)	16, 27, 29, 30, 32, 35, 38
Rationale	Given the multiplicity of services an alcoholic client may need in the course of recovery, the counselor who knows these services and how they are organized will be able to use them to the client's benefit. This applies to general health and human services and alcoholism services.

Content Outline

A. General health and human services (Epstein 3-47, 202-228; Eriksen 1-77; Zastrow 90-480)
  1. Types of service agencies
    a. Public and private
    b. By category
  2. Patterns of organization
  3. Relation to alcoholism treatment

B. Alcoholism services (Pattison 587-658)
  1. A model for organization
  2. Variables in the model
    a. The population
    b. The facility
    c. The methods
    d. The outcomes
  3. Relationship to the community
  4. Staffing issues

C. Intra-agency organization (Grad 111-123)
  1. Factors
    a. Source of funding
    b. Types of services
    c. Location, size
  2. Staffing (NIAAA 184-189; Wicks 108-115)
    a. Functions
    b. Qualifications
    c. Relationships

Suggested Instructional Activities

Planned field trips to representative agencies will effectively supplement lecture and readings for presentation of this content.

References

Epstein, C. An Introduction to the Human Services. Englewood Cliffs, New Jersey: Prentice-Hall, 1981.

Eriksen, K. Human Services Today. 2nd ed. Reston, Virginia: Reston Publishing Company, 1981.

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Wicks, R. Counseling Strategies and Intervention Techniques for the Human Services. Philadelphia: Lippincott, 1977.

Zastrow, C. Introduction to Social Welfare Institutions. Rev. ed. Homewood, Illinois: Dorsey Press, 1982.

Additional Resources

Whiting, L. and Hassinger, E., eds. Rural Health Services: Organization, Delivery, and Use. Ames, Iowa: Iowa State University Press, 1976.

Category **Service Delivery System**

Unit II. Community Involvement

Subunit

Related Activities (Section Two) 19, 29

Rationale

The pervasive and complex nature of alcohol-related problems requires the involvement of all facets of the community in treatment and prevention. Current strategies for involvement must be continued and new ones must be developed. The counselor must be prepared to support these efforts.

Content Outline

A. Supporting treatment (Dominick 777-834; Keller; NIAAA)
  1. Stigma as a barrier to treatment
  2. Getting financial support for treatment
  3. Creating a climate to foster early intervention
  4. More comprehensive treatment programming

B. Prevention (Kane 198-215)
  1. Changing individuals
    a. Information about alcohol
    b. Constructive life styles
  2. Changing society (Straus 41-56)
    a. More consistent attitudes about drinking
    b. Improving the quality of life
    c. Involving the community (NDAC Modules 4-8)

Suggested Instructional Activities

The content of this unit lends itself to lecture, reading, and discussion. A survey of resources for alcoholism treatment in the local community would serve as a basis for discussing the extent to which the goal of multidisciplinary, comprehensive services is being achieved.

References

Dominick, G. Community programs for the treatment of alcoholics. In: Alcoholism: Interdisciplinary Approaches to an Enduring Problem. Tarter, R. and Sugerman, A., eds. Reading, Massachusetts: Addison-Wesley, 1976.

Kane, G. Inner City Alcoholism: An Ecological Analysis and Cross-Cultural Study. New York: Human Sciences Press, 1981.

Keller, M. Multidisciplinary perspectives on alcoholism and the need for integration: An historical and prospective note. Journal of Studies on Alcohol, 36:133-147, 1975.

*National Drug Abuse Center (NDAC). Community-Based Prevention Specialist. DHHS Pub. No. (NDACTRD) 80-00121. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). Developing Community Services For Alcoholics: Some Beginning Principles. DHEW Pub. No. (ADM) 74-77. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1974.

Straus, R. Problem drinking in the perspective of social change, 1940-1973. In: Alcohol and Alcohol Problems: New Thinking and New Directions. Filstead, W., Rossi, J., and Keller, M. eds. Cambridge, Massachusetts: Ballinger, 1976.

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*See Appendix C for ordering information.

Category Service Delivery System

Unit III. Standards and Regulations

Subunit

Related Activities (Section Two) 30, 42, 43

Rationale

Programs that deliver services to the public are generally subject to regulations designed to protect the consumer. Some of these regulations are imposed by government agencies; others are formulated by professional groups. Some are nationally applied; others affect State or local jurisdictions. Counselors whether agency-employed or self-employed must understand the purpose and content of these regulations if their practice is to be consistent with them.

Content Outline

A. Program standards
    1. Joint Commission on Accreditation of Hospitals, American Hospital Association (Joint Commission)
    2. NIAAA-developed standards (A.L. Nellum)

B. Nationally effective regulations
    1. Confidentiality requirements (Wilson)
    2. Data reporting requirements (e.g., NAPIS)

C. Treatment related regulations (Grad 370-336)
    1. Uniform Act
    2. Age of legal majority
    3. Fire, health, and safety regulations
    4. Child abuse reporting requirements (Rosenthal 55-89)
    5. Program components (Grad, Goldberg and Shapiro 102-111)

Suggested Instructional Activities

This content can be most efficiently presented through lecture and readings. A local alcoholism treatment program could provide information on the various local regulations that affect its operation.

References

A.L. Nellum and Associates, Inc. Program Standards for Alcoholism Treatment. Prepared for the National Institute on Alcohol Abuse and Alcoholism, 1982.

Grad, F. Legal criteria of drinking, public drunkenness, and alcoholism treatment. In: Drinking: Alcohol in American Society--Issues and Current Research. Ewing, J. and Rouse, B., eds. Chicago: Nelson-Hall, 1978.

Grad, F., Goldberg, A., and Shapiro, B. Alcoholism and the Law. Dobbs Ferry, New York: Oceana, 1971.

Joint Commission on Accreditation of Hospitals. Consolidated Standards Manual for Child, Adolescent, and Adult Psychiatric, Alcoholism, and Drug Abuse Facilities. Chicago: Joint Commission on Accreditation of Hospitals, 1981.

Rosenthal, M. and Louis, J. The law's evolving role in child abuse and neglect. In: The Social Context of Child Abuse and Neglect. Pelton, L., ed. New York: Human Sciences Press, 1981.

Wilson, S. Confidentiality in Social Work: Issues and Principles. New York: Free Press, 1978.

Category **Service Delivery System**

Unit IV. Funding

Subunit

Related Activities (Section Two) 18, 30

Rationale

Funding for alcoholism programs comes from a variety of sources. Counselors need to know the sources of these funds and the regulations that govern their expenditure to assist their eligible clients in obtaining financial support to pay for alcoholism treatment. As funding is affected by economic and political events, funding information must be frequently monitored and updated. Payment for treatment as a therapeutic issue is also examined.

Content Outline

A. Public funding (NIAAA 169-179; Booz-Allen 4-31)
    1. Federal programs
        a. Block grants
        b. Medicare/Medicaid
        c. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)
        d. Federal Employee's Health Benefit Plans
        e. Public assistance
            - Title XVI of 1973 Amendments to the Social Security Act
            - Title XX of 1975 Amendments to the Social Security Act
            - Food Stamp Program
        f. Other Federal programs
            - National Institute on Alcohol Abuse and Alcoholism
            - Veterans Administration
            - National Institute of Mental Health
            - National Institute on Drug Abuse
            - Indian Health Service
            - Rehabilitation Services Administration
    2. State and local government funding
        a. Appropriations
        b. Taxes

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B. Private funding (NIAAA 181-182) (Booz-Allen 32-43; Cooper)
   1. Commercial carriers
   2. Private nonprofit (Blue Cross/Blue Shield)
   3. Independent (e.g., health maintenance organizations)

C. Funding issues and strategies (Booz-Allen 44-56)
   1. Barriers to delivery of services
   2. Strategies for third-party reimbursement
   3. National Health Insurance

D. Negotiating client fees (Sax)
   1. Counselor issues
   2. Client issues

Suggested Instructional Activities

Lecture, readings, and discussion are appropriate methodologies for the cognitive portions of this unit. Role plays of fee negotiations will help participants to become aware of their feelings related to this issue and to practice alternative ways to handle this situation.

References

Booz, Allen and Hamilton. Alcoholism Funding Study: Evaluation of Sources of Funds and Barriers to Funding Alcoholism Treatment Programs. A Report to the Office of the Secretary, Department of Health, Education, and Welfare, 1977.

Cooper, M. Private Health Insurance Benefits for Alcoholism, Drug Abuse, and Mental Illness. Washington, D.C.: The George Washington University, Intergovernmental Health Policy Project, 1979.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). Fourth Special Report to the U.S. Congress on Alcohol and Health, January 1981. DHHS Pub. No. (ADM) 81-1080. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.

Sax, P. An inquiry into fee setting and its determinants. Clinical Social Work Journal, 6(4):305-312, 1978.

Additional Resources

Jones, K. and Vischi, R. Impact of alcohol, drug abuse, and mental health treatment on medical care utilization: A review of the research literature. Medical Care, 17(12), 1980.

National Institute on Alcohol Abuse and Alcoholism (NIAAA). Prevention, Intervention, and Treatment: Concerns and Models. Alcohol and Health Monograph No. 3. DHHS Pub. No. (ADM) 82-1192. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Pattison, E. Ten years of change in alcoholism treatment and delivery. American Journal of Psychiatry, 134(3): 261-266, 1977.

Category **Service Delivery System**

Unit V. Education

Subunit

Related Activities (Section Two) 21, 46, 48

Rationale

Education is an important component of prevention and treatment. This unit provides the counselor with a process for planning and delivering educational presentations for a range of audiences and purposes. It also provides participants an opportunity to apply knowledge and experience from previous units in the instruction of others.

Content Outline

A. Purposes of educational presentations
    1. Client treatment
    2. Outreach
        a. Community
        b. Other agencies and professional workers
    3. Prevention

B. Planning the presentation (NCAE Sessions 3 and 11-19)
    1. Assess needs
        a. Who is the audience?
        b. What do they know? What do they need to know? How will they use the information?
        c. Where will the presentation be given?
        d. Who is sponsoring it?
        e. What resources and facilities are available?
    2. Formulate objectives (Mager)
    3. Prepare learning activities (Craig, Section 4)
    4. Plan evaluation (Kirkpatrick)
        a. What will indicate that objectives have been achieved?
        b. How will that information be collected?

C. Delivering the presentation (NCAE Sessions 20-26)
    1. Creating a climate conducive to learning
    2. Involving the audience
        a. Open-ended questions
        b. Facilitating a discussion
    3. Using audiovisual materials

D. Collecting and analyzing evaluation information
   1. To what extent were objectives achieved?
   2. What areas need improvement? How?
   3. What evidence supports need for improvement?

Suggested Instructional Activities

Lecture, reading, and discussion are appropriate methods for presenting the purposes and process of educational presentations. Individually or in small groups, participants should plan and deliver a 15-minute presentation. Audience and topic may be chosen by the groups or assigned by the instructor. Design and delivery evaluation forms contained in the TAT package will provide participants with a checklist for preparing their presentations and critiquing them as they are delivered.

References

Craig, R., ed. Training and Development Handbook. 2nd ed. New York: McGraw-Hill, 1976.

Kirkpatrick, D. Chapter 18. Evaluation of training. In: Training and Development Handbook. 2nd ed. Craig, R., ed. New York: McGraw-Hill, 1976.

Mager, R. Preparing Instructional Objectives. Belmont, California: Lear Siegler/Fearon, 1962.

*National Center for Alcohol Education (NCAE). Training Alcoholism Trainers. DHEW Pub. No. (ADM) 78-704. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1978.

Additional Resources

Knowles, M. The Modern Practice of Adult Education. New York: Association Press, 1970.

Miles, M. Learning to Work in Groups. New York: Teachers College Press, 1959.

*See Appendix C for ordering information.

SECTION FOUR: ISSUES TO CONSIDER IN DEVELOPING OR SELECTING AN INSTRUCTIONAL PROGRAM

Section Four: Issues to Consider in Developing or Selecting an Instructional Plan

INTRODUCTION

The development of PACE, or of any curriculum guide, rests on the assumption that education and training increase the likelihood of higher quality care for clients. The intent of this project is to prepare a curriculum guide that will help educational program planners develop well-designed and comprehensive instructional programs to prepare alcoholism counselors to give optimum care. It is important to recognize, however, that beyond education and training there are a number of variables that influence the application of knowledge and skills to the benefit of clients. These variables include the aptitude, attitudes, and other personality characteristics of the individual counselor, the quality of clinical supervision, and the administrative policies of the treatment agency.

An instructional program based on this curriculum guide will help to prepare individuals to counsel alcoholic clients. However, their development into proficient counselors will depend in some measure on the influence of counselor characteristics, supervision, and administration beyond the learning experience.

The remainder of this section focuses on some important considerations that are not directly related to the alcoholism counseling curriculum, but that support its effective implementation, influence the "tone" of instruction and student development, and contribute to program improvement. These considerations are discussed below under the headings "Philosophy of Instructional Design" and "Educational Program Guidelines."

PHILOSOPHY OF INSTRUCTIONAL DESIGN

PACE is intended to reflect the diversity of training models in existence, and there is no attempt to incorporate all training programs into one mold. The principles and assumptions discussed below can be adapted to fit most instructional programs regardless of length or organizational complexity.

1. Counselor training can best be taught through a sequence of didactic courses integrated with supervised practical counseling

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experiences. Skills training cannot be taught solely in a classroom but requires laboratory experience for practice and learning.

2. The invaluable assets of their own life experience, motivation, interest in alcoholism, and emotional/social maturity constitute a sound basis for training alcoholism counselors.

3. Alcoholism counselor training programs should focus on enriching the interpersonal qualities and skills needed to function as a counselor. While some qualities seem to be inherent in good counselors, all counselors can benefit from developing affective and clinical skills. This involves helping the individual to recognize, appreciate, and harness existing skills; acquire additional knowledge and skills; and channel these into the discipline of the profession.

4. Alcoholism counseling involves a range of ethical and professional attitudes; clinical skills; a body of knowledge about alcoholism, drug abuse, and human relations; and an appreciation for professional and personal limitations.

5. An alcoholism counselor training program should operate to enhance and protect human dignity and legal rights. This includes the maintenance of professional and ethical behavior and precludes discrimination against any person who desires training on the basis of race, creed, national origin, sex, sexual orientation, age, or previous experience or lack of experience with alcoholism.

6. Preparation for alcoholism counseling should foster self-awareness and self-assessment as a basis for continuing personal and professional growth. In some cases this may mean that a student is helped to recognize that he or she would perform better in a field other than alcoholism counseling. To do so is part of the training program's responsibility to the counselor, to the program itself, and to the public.

7. Counselors learn best when they are involved in formulating their own learning needs and applying knowledge and skills acquired in practical, real life situations.

8. Diversity of ideas and approaches is healthy for a training program. To maintain both breadth and depth of learning, the program must embody respect for differing views and encourage a free exchange of ideas and mutual sharing of feelings, interests, and experiences.

9. The learning process is not over when training ends. Continuing education and practice are essential to becoming increasingly proficient in counseling alcoholic clients. Ongoing clinical supervision is a key ingredient to this continuous learning process.

Alcoholism counseling is both a helping relationship and an art. As a helping relationship, one person helping another, much depends upon the qualities of the counselor. As an art, much depends on the experience and judgment of the counselor in applying knowledge and skills for the benefit of the client. The

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qualities, experience, and judgment of the counselor are some of the intangibles of the counseling process that often make the difference between effective and less effective treatment.

Just as there are intangible aspects of counseling, there are intangible aspects of teaching counseling. Because the intangibles in counseling are so important, some suggestions are offered to insure that they are fostered in the instructional program even though they cannot be precisely defined and measured. Four suggestions are offered: the opportunities of the instructor/student relationship, using experience in instruction, promoting lifelong habits of self-assessment and self-awareness, and increasing cultural sensitivity. Application of these four suggestions should be evident as themes or threads running through all aspects of a well-designed instructional program in alcoholism counseling.

Opportunities of the Instructor/Student Relationship

Counseling has been defined in this document as a helping relationship. Teaching is also a helping relationship and there are strong parallels between the counselor/client and instructor/student relationships. For one thing, though purposes and techniques differ, both counseling and teaching involve learning on the part of the client and student.

There is some evidence that learning can be enhanced when certain conditions obtain. Carl Rogers/1/ describes these conditions as hearing and being heard, understanding and being understood, and being real (behaving in a way that corresponds to feelings) in order to unleash freedom in others. A teacher who can create this climate for the alcoholism counseling student will increase the likelihood that the counselor will create a similar climate for the alcoholism client.

Modeling is another instructor opportunity for fostering the intangible qualities of a counselor. Especially in units on counseling theory and techniques, the instructor needs to be able to apply the knowledge and demonstrate the skills being taught and display the personal qualities identified as important for alcoholism counseling. In her book, Jacquelyn Small/2/ lists these qualities as empathy, genuineness, respect, self-disclosure, immediacy, concreteness, confrontation, potency, and self-actualization.

Using Experience in Instruction

The liberal use of experience as a learning method is the second suggestion for encouraging the development of intangible qualities considered necessary for alcoholism counseling. It is based on the principle that people learn best

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[1] Rogers, Carl. Freedom to learn. In Being in Relationship. Columbus, Ohio: Merrill Publishing Co., 1969.
[2] Small, Jacquelyn. Becoming Naturally Therapeutic. Austin, Texas: Texas Commission on Alcoholism, 1974.

by doing. Experiential learning/3/ is a process whereby students undergo an actual or simulated situation following which they describe the experience--their feelings, thoughts, and reactions--and then analyze it according to a related theory or concept which may be presented before or after the experience. The final step is to draw generalizations from the experience and apply them to their understanding of themselves and others.

Experiential learning offers several advantages in the preparation of alcoholism counselors. First, it broadens and deepens their life experience by putting them in situations they may not have encountered before. Second, it gives them practice in paying attention to their own feelings, and understanding and accepting them. Third, it enhances the counselor's ability to be empathic with clients. Finally, it can provide a common ground for a group of students, especially a diverse group, by providing them with a shared experience as a basis for discussion.

Experiential learning activities may take several forms. Most realistic is to instruct students to undergo an actual experience, but this is not always feasible and alternatives may be used. One alternative is to ask students to recall their feelings in a comparable past experience. Another alternative is a simulated experience prepared by the instructor or adapted from training resources. These simulations are focused, short, and convenient to use in the classroom.

Another form of experiential learning is student role-plays of client-counselor situations or having students serve as clients for other students who are practicing counseling skills. Videotaping or audiotaping these sessions for replay adds another dimension to the experiential learning. Students have an opportunity to see themselves perform, analyze their behavior, and identify strengths and areas for improvement.

Finally, planned and supervised experience in various treatment settings provides opportunity for students to apply classroom and laboratory learning with actual clients. Follow-up discussions of these clinical experiences with faculty and peers assist students to examine the process and outcomes of their interactions, analyze what worked and what did not, and consider alternative approaches. The practicum combined with the follow-up discussion is a prime example of experiential learning used in preparation for alcoholism counseling.

Promoting Lifelong Habits of Self-Assessment and Self-Awareness

Alcoholism counselors must cultivate these habits if they are to grow personally and professionally throughout their careers. Self-awareness that comes in experiential learning activities can be reinforced informally by encouraging students to express their ideas and opinions about topics under discussion and to share relevant past experience. Formal activities

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[3] Experiential learning is a term also used to describe relevant life experience for which colleges and universities sometimes give academic credit. In this document, experiential learning refers to an instructional methodology.

should also be provided. Values clarification exercises and instruments such as the Myer-Briggs Type Indicator help students understand themselves in a constructive way.

It is critical that the counselor in a helping relationship recognize his or her own values and attitudes before trying to help others examine theirs. With the acknowledgement of personal biases, the counselor begins to create the kind of atmosphere in which clients feel free to express and examine their own. The second step in the process is allowing others to have their own biases, which may be different. In the instructional program, the instructor can enhance this process by encouraging students to explain the reasoning behind their own beliefs rather than discrediting or challenging others.

Self-awareness is further fostered by self-assessment, particularly in the acquisition of knowledge and skills. Periodic assessment by the student counselor lays the foundation for periodic assessment by the practicing counselor to keep abreast of new developments in alcoholism treatment. Frequent opportunities for informal and formal assessment by students, peers, and instructors should be integral to every course, and should include strategies that counselors can continue on their own.

A critical function of assessment is helping students to decide whether or not to continue in counseling. Not everyone is suited to counseling, just as not everyone is suited to nursing or sales. Students need to have as much information as early as possible to make this decision.

A particular outcome of self-awareness and self-assessment is important to mention; that is knowing one's limits. No counselor can be all things to all clients. Indeed, the needs of alcoholic clients may be complex, pervasive, and longstanding, and frequently require the skills of many disciplines to bring about recovery and rehabilitation. Alcoholism counselors have a specific role to play in the treatment process and each alcoholism counselor brings unique characteristics to that role. A counselor who understands and accepts both personal and professional limits will benefit himself or herself and the client.

Increasing Cultural Sensitivity

Respect for cultural differences is a dimension of respect for individual differences, the cornerstone of effective counseling. Though some cultural groups may be more numerous in particular areas of the country, given the fact that many treatment agencies are in urban areas and the habit of mobility in American society, it is likely that most alcoholism counselors will provide services to clients from a wide range of cultural backgrounds.

Fostering cultural sensitivity in alcoholism counseling students can be done in a variety of ways. The training program/4/ sets the tone by its recruitment, admission,

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[4] Training, education, and instructional programs are used interchangeably to refer to any planned learning experience in any setting.

and hiring practices. Students need to have opportunities to learn about their own culture and the cultural backgrounds of fellow students. They also need to examine their own attitudes and beliefs about other cultures.

In addition, all instructional units should include content on how cultural differences may affect the counselor's application of relevant knowledge and skills such as the use of eye contact, family relationships, attitudes toward drinking and alcoholism, and traditions and values related to health and illness.

EDUCATIONAL PROGRAM GUIDELINES*

The ultimate purpose of PACE is to ensure that the highest quality of service is provided to those in need. To accomplish this, alcoholism counselor training programs should practice continuous self-improvement. Counselor credentialing groups should be able to identify alcoholism counselor training programs that provide a certain standard of quality training. Prospective students should have an available guide for selecting the counselor training program that best meets their needs and whose curriculum best matches their job functions.

The organization and operation of an instructional program should be consistent with these guidelines.

1. Administrative Policies

   - An alcoholism counselor training program should have a written statement of the goals and objectives of the program, including a conceptualization of the training philosophy and the competencies graduates of the program will be expected to acquire. The relationship between clinical and academic aspects of the program should be made explicit.
   - The administration should maintain accurate records on counselor progress and attendance and maintain the confidentiality of all records and interviews.
   - Adequate facilities for classroom and clinical training must be provided.

2. Faculty Qualifications

   - A training program should ensure that all faculty members are competent, that they teach in areas in which they have been trained or have gained experience, and that they keep abreast of developments in alcoholism and counseling.
   - Clinical faculty should be current or previous practitioners with an adequate understanding of alcoholism counseling

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*Adapted from A Manual of Accreditation Standards for Alcoholism Counselor Training Programs published by Eastern Area Alcohol Education and Training Programs, Inc. in 1977.

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as a distinct kind of counseling.

3 Curriculum Planning

- The training program should be flexible enough to allow for recognition of knowledge gained prior to that program and permit appropriate tailoring of curriculum to meet the needs of the individual student.
- The training program should use a combination of methodologies selected to match the requirements of the instructional objectives. These methodologies may include:

  Presentations such as films, panel discussions, and lectures

  Small group discussion

  Directed independent study

  Role-playing and simulation exercises

  Video and audio taping

  Case studies

  Supervised field experience
- Experiential clinical skill development is an essential ingredient in counselor training. A 60/40 ratio of experiential/laboratory training to didactic/classroom training is considered to be appropriate./5/
- Clinical supervision is an essential ingredient of counselor training and should involve direct, sustained, and intensive contact between an experienced supervisor and counselor. The focus of clinical supervision should be upon the counselor's current clinical work, as demonstrated in written case records, presentations, direct and indirect observations, and audio/video tapes. Clinical supervision can be conducted either individually or in small groups (fewer than eight counselors).
- It is generally recognized that at least one hour of clinical supervision should be provided for every three hours of client contact.

4. Admission Criteria and Procedures

- Training programs should provide a clear, written statement of completion requirements; minimum levels of proficiency in reading, writing, and speaking the predominant language of

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[5] This ratio represents the consensus of 500 educators and trainers surveyed by the Eastern Area Alcohol Education and Training Program Inc.

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instruction; and the physical and mental demands of the program.

- There must be no discrimination in the admissions process against applicants or students on the basis of race, creed, national origin, sex, sexual orientation, age, or previous experience or lack of experience with alcoholism.

5. Crediting

- Training programs should provide students with written evidence of the successful completion of the course of study (i.e., a certificate, academic credit, or continuing education units).

- If credit is not awarded, sufficient documentation should be provided students so they may seek academic credit independently.

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6. Monitoring and Evaluation

- A training program should monitor and evaluate students, faculty, and total program outcomes to guarantee the highest quality of training possible. This evaluation may take such forms as student, faculty, and administrative reviews; external assessments by objective parties; and/or outcome measurements.

- Results of the evaluation should be translated into concrete changes in the training program when such changes are indicated.

- Results of student performance evaluations should be provided to them on a regular and timely basis. (See Resources for Assessment and Evaluation in Appendix B for a selection of existing instruments to facilitate evaluation of clinical skills.)

The considerations addressed in "Philosophy of Instructional Design" and "Educational Program Guidelines" are intended to apply to the diversity of alcoholism counselor training programs presently in existence and to assist development of others. Observation of these guidelines, modified to fit the setting in which they are used, will enhance the quality of instructional programs in alcoholism counseling.

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Appendixes

Appendix A: Alcoholism Counseling Activities

DERIVING THE ACTIVITY STATEMENTS

The activity statements in Section Two are the basis for the course of study described in the instructional units in Section Three. The activity statements are consistent with the definition of alcoholism counselor formulated for this project.

> An alcoholism counselor specializes in identifying alcoholism and other alcohol-related problems, assisting clients to overcome denial and other barriers to recovery, and working with clients and significant others in individual and group settings to foster recovery from alcoholism and other alcohol-related problems and begin working toward healthful behaviors.

Both the definition and the activity statements are derived from an extensive review of the alcoholism counseling and certification literature, including job descriptions and certification standards. The process of development also involved consultation with practitioners, educators, and certification specialists, and three formal reviews by specialists in the field.

The definition of alcoholism counselor has four characteristics.

- It recognizes the unique and specialized aspects of counseling alcoholics that are distinct from other types of counseling;
- It emphasizes the clinical aspects of alcoholism counseling--the interactions between counselor and client that constitute the heart of treatment;
- It implies recognition of alcoholism counselors who work as private practitioners or in rural settings without the support and supervision often available in an agency setting; and
- It does not include other responsibilities (e.g., program consultation, program development, community organization, inservice training, and research) that alcoholism counselors may perform depending on the setting in which they work.

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The statements are titled Alcoholism Counseling Activities rather than Alcoholism Counselor Activities. This wording was chosen after careful consideration of three factors. First, the experience of alcoholism counselors over the years has contributed to the development and refinement of a body of specialized knowledge and skills that can be compiled and presented in a curriculum guide. Second, alcoholism counselors share many functions in common with counselors in other human services. Third, human service workers such as nurses, social workers, and psychologists who work with alcoholic clients often provide alcoholism counseling services in addition to or instead of the services that relate to their professional title.

The choice of alcoholism counseling places the focus on what is being done rather than who does it. This wording highlights the fact that alcoholism counseling requires special abilities and may encourage practitioners from other disciplines to use the curriculum guide to identify and acquire these specialized abilities.

The activity statements listed below:

1. Are a synthesis of numerous job descriptions, certification standards, and lists of counseling functions and tasks and therefore do not match any existing descriptions. Not all the activities on this list are needed by all counselors for certification or employment. Similarly, alcoholism counselors are performing activities that do not appear in the following pages.

2. Describe the performance of a fully proficient counselor. This approach was chosen so that the resulting instructional program would be as relevant as possible to the on-the-job situation of an alcoholism counselor. An instructional program based on these activity statements will provide a person with the knowledge and skills to perform these activities with proficiency after a period of supervised experience.

3. Were developed to reflect not only the current state of alcoholism counseling practice but also to reflect emerging trends. Therefore,

topics such as sexuality, working with families, negotiating fees, and prevention are made explicit in these activity statements to underscore the growing expectation that alcoholism counselors must be prepared to handle these issues.

ORGANIZATION OF STATEMENTS

The activities of alcoholism counseling are organized under functional headings, such as assessment, group counseling, referral, and documentation. The statements are arranged approximately in the sequence of the treatment continuum. Statements 1-35 describe activities that involve direct client-counselor interaction. Statements 36-48 describe activities a counselor performs individually or with other helping persons to ensure the quality and continuity of the counseling process.

The activity statements also appear in Section Two along with the knowledge, skills, and attitudes necessary to perform each activity.

ALCOHOLISM COUNSELING ACTIVITIES

Counseling Communication/Interaction

1. Communicate qualities of empathy, genuineness, respect, and concreteness verbally and nonverbally in interactions with clients.

2. Use communication skills (e.g., attending, paraphrasing, reflection of feeling, summarizing, probing, self-disclosure, confrontation, interpretation) appropriately and effectively in interactions with clients.

3. Maintain personal awareness of how client statements and behaviors affect the counselor and how the counselor's behavior and feelings affect the treatment process.

4. Create a climate in which clients can raise and discuss sexuality and other sensitive issues.

5. Use a systematic helping model as a framework for conducting the counseling process.

6. Assist clients to recognize and overcome defenses, especially denial, that inhibit their realistic appraisal of their drinking and its consequences.

7. Support and assist clients in establishing and maintaining constructive and satisfying lives without alcohol.

8. Handle special issues that arise in counseling, such as intoxication during sessions, questions about the counselor's use of alcohol and other drugs, and inappropriate discussion of drinking experiences.

9. Assist clients to take responsibility for their own behavior.

Assessment

10. Conduct an initial contact with the potential client that will determine and meet the client's immediate physical, psychological, or social needs; result in a decision for preliminary action (admission or referral); and increase the likelihood of the client's entering treatment.

11. Conduct an assessment that encompasses physical, psychological, spiritual, social, environmental, and other factors as a basis for treatment planning.

12. Assess the family and/or significant others for purposes of treatment planning, including medical, social, psychological, interpersonal, and economic dimensions.

13. Include in assessment cultural and value issues, both general and alcohol-specific, of any special population(s) with which the client is identified.

14. Arrange and conduct a structured intervention as appropriate to facilitate a client's entry into treatment.

Treatment Planning and Case Management

15. Work with the client to formulate goals, objectives, and acceptable alternatives for treatment that will increase the likelihood of a positive treatment outcome.

16. Consider a range of options in developing an individualized treatment plan, including the components of the continuum of care, the various treatment modalities, and formal and informal support groups.

17. Develop a complete, individualized treatment plan appropriate to client needs and resources as identified in the assessment process, and acceptable to the client.

18. Negotiate with the client, in a therapeutic manner, an appropriate and mutually agreed upon fee for services that may include third party reimbursement and other payment options; and periodically review the payment plan as part of the counseling process.

19. Adapt treatment approaches to a client's attitudes, lifestyle, economic situation, and values, taking into account any special population with which the client is identified (e.g., age, sex, ethnic or cultural background, sexual preference, disabling factors).

20. Assess progress toward treatment goals periodically with the client and modify treatment plans as indicated.

Family Counseling

21. Work with the family and significant others to help them understand alcoholism as a disease and its impact on them as individuals and on their relationships to one another; and help them plan and implement steps to improve individual and family health.

22. Refer family and significant others to Al-Anon, Alateen, and/or a family therapist or treatment specialist as appropriate.

Group Counseling

23. Initiate a counseling group. Initiation includes determination of need and purpose, selection and preparation of members, logistical and administrative arrangements, and establishment of ground rules.

24. Lead or co-lead a group through the various stages of group development and modify interventions as appropriate.

25. Assess the progress of individual members and the group as a whole periodically and modify goals and interventions accordingly.

26. Use the planned and unplanned departures of individuals and the termination of the group as a whole to enhance the growth of members.

Referral

27. Use internal and external resources to best meet client needs for alcohol-related and other services.

28. Provide the client with the information necessary for informed decisions about treatment alternatives.

29. Take appropriate action to locate alternative services when cultural and/or language barriers may inhibit effective treatment.

30. Explain agency admission policies, procedures, information needs, fees, and services when discussing a possible referral with a client.

31. Distinguish for clients and significant others the complementary nature of Alcoholics Anonymous and alcoholism treatment and the unique role of each in the recovery process, emphasizing what the client can expect of each and what will be expected of the client by each.

32. When referrals are appropriate, prepare and support the client in making the contact and then follow-up with both client and resource.

Termination

33. Recognize when treatment is complete, establish with the client a termination and aftercare plan, and assist the client through the termination phase.

34. Maintain alcoholism counseling responsibility for a client until that responsibility has been assumed by another professional or has been terminated by mutual consent.

35. Terminate a counseling relationship when either counselor or client feels no benefit is occurring and, if necessary, make mutually negotiated arrangements for other treatment.

Professional Conduct

36. Explore personal feelings and concerns about clients with colleagues or supervisor when these may be interfering with the counseling process.

37. Assess and improve one's own performance in light of ethical and professional standards.

38. Maintain relationships with other helping persons that show respect for and give recognition to their roles and their contributions to the client's recovery.

39. Take responsibility for personal and professional growth by seeking appropriate clinical supervision, preserving mental and physical health, and maintaining and upgrading knowledge and skills relevant to effective alcoholism counseling.

Documentation

40. Prepare written records of client care that facilitate treatment planning, communication with other staff, clinical supervision, agency accountability, program planning, and research.

41. Communicate in a concise, well-organized, comprehensive manner when discussing the client's needs with supervisor or other staff.

Observing Laws, Regulations, and Policies

42. Observe Federal and State regulations and agency policy on confidentiality of client information.

43. Observe Federal, State, and local regulations and agency policies that affect delivery of services to clients.

44. Use accurate and up-to-date information about Federal, State, and local statutes relating to the use of alcohol (e.g., taxation, licensing, hours of sale, and purchase age) in discussions with clients, with coworkers, and community groups.

Prevention

45. Communicate the concepts, terminology, and strategies of prevention correctly and appropriately to coworkers and the community.

46. Contribute to efforts to inform other professionals and the community that alcoholism is a treatable disease, that treatment services are available, and that early intervention is recommended.

Education

47. Use current and accurate information about alcohol and alcoholism in formal and informal educational presentations.

48. Make educational presentations to client, community, and professional groups in which content and activities are consistent with presentation objectives and audience characteristics; and obtain participant reactions to improve future presentations.

Appendix B: Resources for Assessment and Evaluation

INTRODUCTION

An important aspect of any instructional program is measuring student achievement of program objectives. It is important to faculty for purposes of assigning grades, advising students, making recommendations for student advancement, and improving the instructional program. It is important to students because it gives them a focus for learning and a sense of accomplishment and personal growth.

Effective performance depends upon the acquisition and application of knowledge and skill. Measuring acquisition of knowledge, usually by written test, is a well-established procedure in most instructional programs and will not be discussed here. Measuring acquisition of counseling skills is a more difficult task, and some suggestions are offered for addressing this issue.

The instructional process includes specifying what is to be learned, providing a learning experience, and measuring learning achievement. We must rely primarily on the accumulated experience of alcoholism counselors and educators to determine what a counselor needs to know to be effective with clients, as systematic research has only recently begun in this area. The state of this research and some of the difficulties still to be overcome in doing it are presented in:

> Rowe, W., Murphy H., and DeCsipkes, R. The relationship of counselor characteristics and counselor effectiveness. Review of Educational Research 45:231-246, Spring 1975.

Research is also being done to determine effective instructional techniques and to develop methods to measure acquisition of counseling skills. These research efforts are discussed in:

> Ford, J. Research on training counselors and clinicians. Review of Education Research 49:87-130, Winter 1979.

Many questions remain to be answered regarding what makes an effective counselor, how best to teach these skills, and how to measure their acquisition, but some direction is provided by experience combined with the research data that have been collected so far. Specification of what is to be learned is provided in the instructional units in Section Three, particularly the unit on The Helping Relationship in the category headed Personal and Professional Aspects of Counseling and the units on individual, group, and family counseling in the category headed Alcoholism Counseling and Treatment. Materials containing a variety of state-of-the-art counseling skills training techniques are referenced in the appropriate instructional unit. In the following pages, some instruments and procedures are described to assist in measuring achievement of these interpersonal skills.

These instruments may be administered by students, peers, or faculty for instructional purposes (self-assessment and skill practice) or by faculty for grading and advisory purposes. Most use scales or checklists for rating specific dimensions of observed counselor behavior. With the exception of the last, all items were selected from Counselor Supervision: Approaches, Preparation, Practices, by J.D. Boyd, Accelerated Development Inc., Muncie, Indiana, 1978. For each entry, the title of the instrument and the name or names of the developers appear first. Next is a description of the instrument and then a list of references for those interested in reading further about the development and application of the instrument. In most cases the instrument is contained in one of the references. This list is organized alphabetically by the title of the instrument.

SELECTED INSTRUMENTS

Behavioral Interaction Description System, R.C. Rank

This system rates the verbal behavior of the counselor dichotomously on four dimensions: delivery mode, content (affective-cognitive), process (process-other), and focus (self-other). It can be used as a descriptor of group interaction and was originally designed as such.

> Rank, R.C. Counseling competence and perception. Personnel and Guidance Journal, 45:359-365, 1966.

Rank, R.C.; Thoreson, C.E.; and Smith, R.M. Encouraging counselor trainees' affective group behavior by social modeling. Counselor Education and Supervision, II:270-278, 1972.

Checklist of Counselor Subroles, A.E. Hoffman

The checklist consists of descriptions of 13 subroles assumed by counselors and instructions for classifying the subroles, which include: Friendly Discussion, Information Gathering, Diagnosing, Information Giving, Supporting, Listening, Asking for Elaboration, Focus of Topic, Advising, Rejecting, Tutoring, Unclassified, and Other.

Hoffman, A.E. An analysis of counselor subroles. Journal of Counseling Psychology, 6:61-67, 1959.

Counseling Effectiveness Scale, A.E. Ivey, C.D. Miller, W.H. Morrill, and C.J. Normington

This scale is a 25 item semantic differential form filled out by the client which purports to measure the effectiveness of the counseling.

Ivey, A.E.; Normington, C.J.; Miller, C.D.; Morrill, W.H.; and Hasse, R.F. Microcounseling and attending behavior: An approach to prepracticum counselor training. Journal of Counseling Psychology, Monograph Supplement, 15(2), 1968.

Hasse, R.F., and DiMattia, D.J. The application of micro-counseling paradigm to the training of support personnel in counseling. Counselor Education and Supervision, 10:16-22, 1970.

Counselor Candidate Verbal Behavior Scales, J.S. Dilley and D.E. Tierney

A method of scoring responses to the Wisconsin Counselor Education Selection Interview (WCESI) based on counting words and phrases in a typescript of the selection interview. Scores are derived on six scales:

verbosity, fluency, judgmentalness, counselee focus, assumptiveness, and flexibility.

McGreary, W.E. An empirical derivation of hypotheses related to individual characteristic approaches to school counseling situations. Unpublished doctoral dissertation, University of Wisconsin, 1962.

Wasson, R.M. The Wisconsin Relationship Orientation Scale as a unique variable in the assessment of applicants for counselor education. Counselor Education and Supervision, 4:89-92, 1965.

Dilley, J.S., and Tierney, D.E. Counselor candidate verbal behavior and relationship orientation. Counselor Education and Supervision, 8:93-98, 1969.

Counselor Evaluation Rating Scale, Robert D. Myrick and F.D. Kelly

The Counselor Education Rating Scale (CERS) is composed of 27 items which enable a respondent to rate a counselor's performance in counseling when being supervised. The instrument yields three scores: counseling, supervision, and total.

The first 13 items are designed to assess an individual's work in counseling, while another 13 items appraise the counselor's work and progress in supervision. When the items in these two subcategories are totaled and the final item on the CERS (can be recommended for a counseling position without reservation) is included, the composite score is a measure of an individual's performance in a supervised counseling service. The CERS is a self-administered measure which can be used by a supervisor or by the counselor.

Myrick, R.D., and Kelly, F.D. A scale for evaluating practicum students in counseling and supervision. Counselor Education and Supervision, 10:330-336, 1971.

Myrick, R.D.; Kelly, F.D.; and Wirrmer, J. The sixteen personality factor questionnaire as a predictor of counselor effectiveness. *Counselor Education and Supervision*, 11:293-301, 1972.

Jones, J.K. The counselor evaluation rating scale: A valid criterion of counselor effectiveness. *Counselor Education and Supervision*, 14:112-116, 1974.

Counselor Performance Rating Scale, J.W. Kelz

The CPRS requires that the rater directly observe an interview or a filmed interview to rate the counselor on eight categories of effectiveness: appearance, expression, relationship, communication, knowledge, perception, interpretation, and termination. The counselor is rated on a five-point scale from unsatisfactory to outstanding.

Kelz, J.W. The development and evaluation of a measure of counselor effectiveness. *Personnel and Guidance Journal*, 44:511-516, 1966.

Johnson, R.W., and Frederickson, R.H. Effect of financial remuneration and case description on counselor performance. *Journal of Counseling Psychology*, 15:130-135, 1968.

Ryan, D.W.; Johnson, E.G.; Folsom, C.H.; and Cook, K.E. The evaluation of an instrument to measure counselor effectiveness. *Measurement and Evaluation in Guidance*, 3:119-124, 1970.

Counselor Rating Scale, S.H. Osipow and W.B. Walsh

This scale assesses specific counseling behaviors and is administered by a supervisor. Scores may be obtained in the following areas: counselor communication skills, counselor understanding of client, ability to help clients with problems, counselor sensitivity, and general.

Osipow, S.H., and Walsh, W.B. A behavioral rating scale for judging counselor performance. (Experimental Form 2) Columbus, Ohio: Department of Psychology, Ohio State University, 1968.

Counselor Rating Scale, J.M. Whiteley, N.A. Sprinthall, R.L. Mosher, and R.T. Donagly

The CRS consists of eight subscales, arranged in three broad categories (overall rating of competence, flexibility in the counselor process, and response to supervision) designed to categorize counselor behavior as cognitively rigid or flexible. Descriptions of flexible and rigid behaviors are supplied as markers for each subscale and a seven-point rating procedure is used.

Whiteley, J.M.; Sprinthall, N.A.; Mosher, R.L.; and Donagly, R.T. Selection and evaluation of counselor effectiveness. Journal of Counseling Psychology, 14:226-234, 1967.

Counselor Response Scale, D.W. McKinnon

The scale purports to measure the counselor's verbal behavior during an interview. Judges rate the counselor on a five-point scale on these continue: responses are freezing to controlling, acceptant to judgmental, client-centered to counselor-centered, affectively-oriented to cognitively-oriented.

McKinnon, D.W. Group counseling with student counselors. Counselor Education and Supervision, 8:195-200, 1969.

Counselor Situation Analysis Inventory, G.R. Walz and E.C. Roeber

A series of 35 counseling situations are presented, followed by alternative counselor responses or actions. The respondent indicates his or her agreement with each alternative in each situation on a five-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree."

Walz, G.R., and Roeber, E.C. Supervisors' reactions to a counseling interview. Counselor Education and Supervision, 2:2-7, 1962.

Havens, R.I. Changes in counselor candidate response during the introductory practicum. Counselor Education and Supervision, 8:23-31, 1968.

Counselor Verbal Response Scale, N. Kagan, D. Krathwohl, and G. Griffin

A set of descriptions with which to rate the counselor's communications on these dimensions: affective-cognitive, understanding-nonexploratory, and a summarizing effective-noneffective, to provide a global rating of the adequacy of each counselor response.

Dilley, J.S. Rating scale statements: A useful approach to counselor evaluation. Counselor Education and Supervision, 51:40-43, 1965.

Uhrbrock, R.S. Standardization of 724 rating scale statements. Personnel Psychology, 3:285-316, 1950.

Dilley, J.S. Decisionmaking ability and vocational maturity. Personnel and Guidance Journal, 44:423-427, 1965.

Measure of Counselor Verbal Behavior, N.R. Gamsky and G.F. Farwell

The measure is used to rate counselor verbal behavior and is a revision of Bales' System of Interaction Process Analysis (1950) which is a general purpose framework for describing social interactions. The 14 categories of verbal behavior are: gives reassurance, shows approval, shows tension release, shows agreement, gives suggestions, gives interpretation, reflects, gives information, asks for information, asks for elaboration, disagrees, avoids, shows disapproval, and shows antagonism.

Bales, R.R. Interaction Process Analysis. Cambridge, Massachusetts: Addison-Wesley Press, 1950.

Gamsky, N.R. Effect of client demeanor and focus of hostility upon the verbal responses of school counselors. Unpublished doctoral dissertation, University of Wisconsin, 1965.

Gamsky, N.R., and Farwell, G.F. The effect of client demeanor upon the verbal responses of school counselors. Personnel and Guidance Journal, 45:477-481, 1967.

Additional instruments for assessing counseling skills will be found in some of the packaged training courses listed as resources for the instructional units under Personal and Professional Aspects of Counseling and Alcoholism Counseling and Treatment in Section Three of this document. Others are available from other sources. The purpose of this list is to provide a starting point, especially for those who may be developing new programs.

Scales for Assessment of Interpersonal Functioning, R. Carkhuff

The scales measure a counselor's level of interpersonal functioning in eight areas: empathy, respect, genuineness, self-disclosure, concreteness, confrontation, immediacy, and helpee self-exploration. Counselor responses to a series of helpee statements are rated according to five levels. The scales can also be used to rate counselor behavior on audio and videotapes of actual counseling sessions.

Carkhuff, R. Helping and Human Relations. Vol. II. New York: Holt, Rinehart & Winston, 1969. (The scales appear in Appendix B., pp. 315-329.)

Valle, S.K. Interpersonal functioning of alcoholism counselors and treatment outcome. Journal of Studies on Alcohol, 42(9):783-790, 1981.

Appendix C: Ordering Information

INTRODUCTION

Ordering information for materials referenced in PACE (other than books and journals) is contained on the following pages under five categories:

- Instruments
- Training Packages - NCAE
- Training Packages - NDAC
- Training Packages - Other (includes cassettes)
- Films

Each page is organized in three columns. The first column indicates the category and unit or units in which the item is mentioned. The categories are abbreviated to first letters. For example, PPA stand for Personal and Professional Aspects of Counseling; A&A stands for Alcohol and Alcoholism. The second column contains the title and/or description of the item, and the third column tells where it may be obtained. Within each category, items are listed in the order in which they appear in the instructional units. At the end of each category, relevant items not referenced in PACE are included.

Additional sources of materials for counselor and client education are:

CompCare Publications
2415 Annapolis Lane, Suite 140
Minneapolis, Minnesota 55441
800/328-3330 (in Minnesota call
collect 612/559-4800)

Hazelden Educational Services
Box 176
Center City, Minnesota 55012
800/328-9288
612/464-8844 (Minneapolis and St. Paul)
612/257-4010 (Minnesota)

National Council on Alcoholism
Publications Division
733 Third Avenue
New York, New York 10017
212/986-4433

INSTRUMENTS

Instructional Unit	Title/Description	Source
PPA I	Helping Relationship Inventory (The 1973 Annual Handbook for Group Facilitators, page 55)	University Associates 8517 Production Avenue P.O. Box 26240 San Diego, California 92126 800/854-2143 (In Alaska, California, and Hawaii, call 714/578-5900
PPA I	Inventory of Self-Actualizing Characteristics (The 1976 Annual Handbook for Group Facilitators, page 70)	University Associates
PPA I	Myers-Briggs Type Indicator	Consulting Psychologists Press, Inc. 577 College Avenue Palo Alto, California 94306
PPA I	FIRO-B	Learning Resources Corporation 8517 Production Avenue San Diego, California 92121
Not referenced in PACE	The Jones-Mohr Listening Test	University Associates
Not referenced in PACE	Values Inventory	Learning Resources Corporation
Not referenced in PACE	Self-Actualization Inventory	Learning Resources Corporation

TRAINING PACKAGES—NATIONAL CENTER FOR ALCOHOL EDUCATION (NCAE)

All courses developed by the National Center for Alcohol Education (NCAE) are available from:

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, Maryland 20852
301/468-2600

Courses recommended for credit by the American Council on Education are indicated by an asterisk.

Instructional Unit	Title/Description	Catalog No./Price
PPA II	The Community Health Nurse and Alcohol-Related Problems (Instructor's Curriculum Planning Guide, Book of Readings)	All materials are available at no cost.
PPA VE	*Counseling Alcoholic Clients (Trainer Manual, Session Outline Cards Vols. I and II, Participant Handbook)	
C&T IIA	Alcohol, Drug, and Related Mental Health Problems (A Pilot Curriculum for Primary Care Providers)	
C&T III, V	*Group Skills for Alcoholism Counselors (Trainer Instructions, Trainer Manual, Participant Manual, Readings)	
C&T VII	Initial Visit (Participant Guide)	
SDS V	*Training Alcoholism Trainers (Trainer Manual, Participant Workbook)	
Not referenced in PACE	You, Youth, and Prevention (Trainer Kit, Participant Book)	

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TRAINING PACKAGES - NCAE (cont'd)

Instructional Unit	Title/Description	Catalog No./Price
Not referenced in PACE	Using Volunteers in Your Agency (Trainer Kit, Participant Book)	
Not referenced in PACE	*Management Skills (Trainer Manual, Participant Workbook)	
Not referenced in PACE	Programming Community Resources (Trainer Manual, Participant Workbook)	
Not referenced in PACE	*Planning Alcoholism Services (Trainer Manual, Resource Book, Session Outline Cards)	
Not referenced in PACE	*Services for Alcoholic Women (Trainer Manual, Resource Book, Session Outline Cards)	
Not referenced in PACE	Trainer Catalog (listing of all NDAC and NCAE courses including objectives, methods, time, materials, and topical index for finding specific exercises)	

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TRAINING PACKAGES—NATIONAL DRUG ABUSE CENTER (NDAC)

All courses developed by the National Drug Abuse Center for Training and Resource Development (NDAC) are available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. All orders must be prepaid and will take approximately two weeks to fill. Be sure to include the catalog number. Courses recommended for credit by the American Council on Education are indicated by an asterisk (see p. 212).

Instructional Unit	**Title/Description**	**Catalog No./Price**		
PPA II, IV, VE	*Counselor Training: Short-Term Client Systems	Trainer:	017-024-00881-8	5.00
		Participant:	017-024-00802-8	4.75
PPA III, A&A IV, C&T IIC	Puerto Rican History and Culture	Trainer:	017-024-01043-0	8.00
		Participant:	017-024-01041-3	7.00
		Resource:	017-024-01042-1	7.00
PPA IV	*Adolescence Intervention Strategies	Trainer:	017-024-00806-1	7.00
		Participant:	017-024-00805-2	8.50
PPA VE	*Group Facilitator Training Package	Trainer:	017-024-00902-4	7.00
		Participant:	017-024-00901-6	5.50
PPA VI	*Staff Burnout	Trainer:	017-024-01031-6	9.50
		Participant:	017-024-01030-8	11.00
A&A V, VII	*Drugs in Perspective	Trainer:	017-024-00905-9	9.00
		Participant:	017-024-00906-7	11.00
C&T IIA, IIB	*Assessment Interviewing for Treatment Planning	Trainer:	017-024-00837-1	5.00
		Participant:	017-024-00836-2	4.50
C&T IV	*Basic Substance Abuse Counselor's Training Program	Trainer:	017-024-00839-7	8.50
		Participant:	017-024-00838-9	7.00

TRAINING PACKAGES - NDAC (cont'd)

Instructional Unit	**Title/Description**	**Catalog No./Price**		
C&T IV	*Confidentiality of Drug and Alcohol Abuse Patient Records (Revised)	Trainer:	017-024-01024-3	8.00
		Participant:	017-024-01025-1	7.50
SDS II	*Community-Based Prevention Specialist	Trainer:	017-024-01066-9	7.00
		Participant:	017-024-01065-1	9.00
Not referenced in PACE	*Basic Management Skills (Revised)	Trainer:	017-024-00907-5	6.50
		Participant:	017-024-00908-3	7.50
Not referenced in PACE	Communication & Parenting Skills	Trainer:	017-024-00859-1	5.00
		Participant:	017-024-00860-5	4.00
Not referenced in PACE	*Justice-Treatment Interface	Trainer:	017-024-00884-2	9.50
	Unit I	Participant:	017-024-00814-1	3.75
	Units II & III	Participant:	017-024-00815-0	7.00
		Workbook:	017-024-00816-8	3.50
		Re-entry:	017-024-00813-3	3.50
Not referenced in PACE	*Prevention Program Management (Revised)	Trainer:	017-024-01068-5	9.00
		Participant:	017-024-01067-7	7.50
Not referenced in PACE	*Prevention: Working With Schools	Trainer:	017-024-01037-5	7.50
		Participant:	017-024-01038-3	9.50
Not referenced in PACE	*Supervision	Trainer:	017-024-00900-8	4.00
		Participant:	017-024-00899-1	5.50
Not referenced in PACE	*Training of Trainers (Revised)	Trainer:	017-024-01055-3	9.00
		Participant:	017-024-01056-1	13.00

TRAINING PACKAGES - NDAC (cont'd)

Instructional Unit	**Title/Description**	**Catalog No./Price**		
Not referenced in PACE	*Women in Treatment II	Trainer:	017-024-01045-6	8.00
		Participant:	017-024-01044-8	10.00

NOTE: GPO prices are subject to change. It may be wise to verify the price of the course materials you want before placing your order. The telephone number of the Order and Inquiry Desk at GPO is 202/783-3238.

TRAINING PACKAGES—OTHER

Instructional Unit	Title/Description	Source
PPA VE	Interpersonal Process Recall: A Method of Influencing Human Interaction (Manual and films)	Mason Media, Inc. 1265 Lakeside Drive East Lansing, Michigan 48823 517/332-7880
	Loosening the Grip: A Survey of Alcohol Information Eleven half-hour videocassettes in documentary, drama, and interview formats. Also includes a text (Loosening the Grip by Kinney and Leaton), a study guide, and instructor's manual. Videocassettes may be rented individually. Titles are:	University of Mid-America Division of Marketing P.O. Box 82006 Lincoln, Nebraska 68501 800/228-4572
A&A I	Ain't Goin' Away - documentary on alcohol use and abuse	
A&A V	Alcohol and the Body - common assumptions about alcohol	
Not referenced in PACE	Picking Up the Tab - dramatization of a typical party and the hidden costs involved	
A&A I	Louder Than Words - early symptoms of alcoholism	
A&A I	The Experts on the Causes - psychological, sociological, and genetic theories on causes of alcoholism	

TRAINING PACKAGES - OTHER (cont'd)

Instructional Unit	Title/Description	Source
C&T IA	The First Step - dramatization of ways to help the alcoholic	
Not referenced in PACE	The End, The Beginning - docu-drama about one young alcoholic searching for help	
C&T IB	Alcoholics Anonymous - discussion with physicians and a member of Alcoholics Anonymous	
A&A III	A Family Matter - dramatization of parents dealing with an alcoholic teenager	
C&T IIC	Special Treatment - how Blacks, American Indians, and lawyers benefit from special programs	
Not referenced in PACE	An Ounce of Prevention - approaches to primary prevention	
A&A V	Core Knowledge in the Drug Field Twelve instructor booklets with content, learning objectives, and activities on major issues and concepts in the field including historical aspects, law and social policy, prevention, treatment, ethics and professional attitudes, and evaluation.	Marketing Services, Dept Addiction Research Foun 33 Russell Street Toronto, Ontario M5S2SI Canada
C&T IIC	Guidelines for Helping Alcoholics Four interrelated audiocassettes titled: Attitude, Identification, Counseling and Referral, Treatment.	Faces West Productions 10601 South D'Anza Boul Cupertino, California 95 408/257-2757

TRAINING PACKAGES - OTHER (cont'd)

Instructional Unit	Title/Description	Source
Not referenced in PACE	Chemical Substance Abuse An eight module course with text, audio, and video components. Designed especially for independent study in two-year institutions. Developed with funding from the National Drug Abuse Institute.	Miami-Dade Community College Auxilliary Service 11011 S.W. 104th Street Miami, Florida 33176
Not referenced in PACE	Introduction to Human Service A fifteen module course with text, study guide, audio, and video components. Developed during the same project as "Chemical Substance Abuse," this course is also well suited to independent study in two-year institutions.	Miami-Dade Community College

FILMS

(All films are 16mm color films unless otherwise indicated)

Instructional Unit	Title/Description	Source
PPA VC	Chalk Talk on Counseling Father Joseph Martin discusses the special skills skills and understanding a person must develop to become an effective counselor under three headings: charisma, competence, and commitment. (21 minutes)	FMS Productions 1040 North Las Palmas Avenue Los Angeles, California 90038 213/461-4567; Toll Free 800/421-4609 Purchase: $300 Rental: $35/3 days $50/7 days
A&A I	Alcohol and Young People Five teenagers tell their personal experiences with alcoholism: how they started, why they continued, and where to get help. (13 minutes)	FilmFair Communications 10900 Ventura Boulevard Studio City, California 91604 213/985-0244 Purchase: $230 Rental: $20/3 days
A&A I	Chalk Talk on Alcohol In this film of a lecture, Father Martin outlines the scope of the alcohol problem and factors influencing attitudes about alcohol and alcoholism, describes the physiological effects of alcohol and the developmental stages of alcoholism, and discusses the importance of A.A. to recovery. (66 minutes)	Kelly Productions 8 Howard Street Aberdeen, Maryland 21001 301/272-1975 Purchase: $695 Rental/Preview: Not available

FILMS (cont'd)

Instructional Unit	Title/Description	Source
A&A I	Pandora's Bottle: The Drinking Woman This film explores the impact of social attitudes and misconceptions on the identification and treatment of women alcoholics and concludes with a discussion of the fetal alcohol syndrom. (40 minutes)	Motivational Media 6855 Santa Monica Boulevard Los Angeles, California 90038 213/465-3168 Purchase: $525 Rental: $55/5 days Preview: $30/3 days with intent to purchase
A&A I	The Life, Death,...and Recovery of an Alcoholic Dr. Joseph Pursch traces the course of alcoholism, vividly describing its physical and psychological manifestations and its effect on personal relationships. The film concludes with the positive aspects of awareness, intervention, and rehabilitation. (25 minutes)	FMS Productions, Inc. 1040 North Los Palmos Avenue Los Angeles, California 90038 213/461-4567; Toll Free 800/421-4609 Purchase: $395 Rental: $50/3 days $75/7 days
A&A II	A Time for Decision Illustrated by the story of a young lawyer with alcoholism, this film provides a view of related familial and social problems and emphasizes the emotional and economic consequences of alcoholism. (29 minutes)	Southerby Productions, Inc. P.O. Box 15403 Long Beach, California 90815 213/434-3446 Purchase: $375 Rental: $40/3 days
A&A II	Medical Aspects of Alcohol, Part I A physician discusses the effects of alcohol and other drugs on the organs of the body, sexual activity, and the immune system. (30 minutes)	Southerby Productions, Inc. P.O. Box 15403 Long Beach, California 90815 213/434-3446

FILMS (cont'd)

Instructional Unit	**Title/Description**	**Source**
A&A V	Medical Aspects of Alcohol, Part II Effects of alcohol on the nervous system are presented, including impairment of coping ability and problems of withdrawal. (30 minutes)	Purchase: $425 each part $775 Parts I and II Rental: $50/3 days
A&A III	Francesca, Baby, Part I 17 year old Francesca and 10 year-old Kate try to compensate for and cope with their alcoholic mother. (22 minutes)	Walt Disney Educational Media Company 500 South Buena Vista Street Burbank, California 91521 800/423-2555 (In California, call collect 213/841-2000)
	Francesca, Baby, Part II Francesca joins Alateen as the situation at home becomes intolerable; things begin to change. (28 minutes)	10 year lease: $640 Preview: Free (used print)
A&A III	Soft is the Heart of a Child Dramatizes the effect of alcoholism on a family of five: three small children, their mother, and the husband and father (the parent who drinks). (28 minutes)	Operation Cork P.O. Box 9550 San Diego, California 92109 714/452-5716 Purchase: $325 Preview: $45

FILMS (cont'd)

Instructional Unit	**Title/Description**	**Source**
A&A III, C&T IX	The Enablers In dramatic form, explains the process of enabling--things people do that allow the progression of alcoholism in a friend or family member. Intended for use alone or with The Intervention. (28 minutes)	The Johnson Institute Attn: Film Coordinator 10700 Olson Memorial Highway Minneapolis, Minnesota 55441 612/544-4165 Purchase: $395 (The Enablers) Purchase: $495 (The Intervention) Preview: $50 plus $15 shipping and maintenance (both films) Rental: $30/3 days $50 for both films
C&T IX	The Intervention This film illustrates the preparation for and process of a structured intervention. (28 minutes)	
A&A V	Alcohol, Pills and Recovery Dr. Joseph Pursch presents a lecture on addiction to sedative drugs, cross addiction with alcohol, and problems of diagnosis. (29 minutes)	FMS Productions, Inc. 1040 North Las Palmas Avenue Los Angeles, California 90038 213/461-4567; Toll free 800/421-4609 Purchase: $395 Rental: $50/3 days $75/7 days
A&A VI	Living Sober: The Class of '76 This film explores the rewards and challenges of getting and staying sober. It includes information on recovery in a variety of settings and for different groups, including youth and minorities. (29 minutes)	Group Three Human Resource Programs P.O. Box 8342 Fountain Valley, California 92708 714/964-2002 Purchase: $395 Rental: $65/5 days

FILMS (cont'd)

Instructional Unit	Title/Description	Source
A&A VI	Wets vs Drys (black and white) The events and effects of Prohibition are presented as a context for understanding the confusion that surrounds the use of alcohol in America today. (25 minutes)	Films, Inc. 733 Greenbay Road Wilmette, Illinois 60091 312/256-3200 Purchase: $425 Rental: Not available
C&T IB	Alcoholics Anonymous - An Inside View This first film on A.A. made by A.A. portrays the program in action. (28 minutes)	Alcoholics Anonymous Box 459 Grand Central Station New York, New York 10017 Rental: $35/1 week $150 open-ended
C&T IIC	Guidelines Father Joseph Martin lectures on film covering eight principles that have proved useful in reaching the alcohol person. (45 minutes)	FMS Productions, Inc. 1040 North Las Palmas Avenue Los Angeles, California 90038 213/461-4567; Toll Free 800/421-4609 Purchase: $595 Rental: $85/7 days

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Appendix D: Attitudes Related to Alcoholism Counseling

INTRODUCTION

In the development of PACE, relevant knowledge, skills, and attitudes were identified for each of the 48 activities of alcoholism counseling (see Section Two). The knowledge and skills provided the basis for the development of the instructional units contained in Section Three.

When developing an instructional unit of any length or topic, time and activities must be planned not only for achievement of knowledge and skills, but also to permit students the opportunity to examine and discuss attitudes related to the knowledge and skills of that unit.

For general interest, the attitudes are listed below under the five categories that comprise the instructional units: Foundations, Personal and Professional Aspects of Counseling, Alcohol and Alcoholism, Alcoholism Counseling and Treatment, and Service Delivery System.

Foundations

- Human beings can change their behavior.
- Healthy adults are autonomous.
- People from different cultures have different perspectives, customs, and value and belief systems that may be equally valid.
- Cultural differences are important, relevant, and deserving of attention.
- Cultural differences affect human interaction.

Personal and Professional Aspects of Counseling

- Use of self is an essential element in effective counseling.
- Self-awareness is essential to being an effective counselor.

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- Sharing feelings can help to foster self-awareness.
- A counselor's personal choices need to be carefully appraised in terms of their impact on clients.
- Counselors should be aware of their own values and assumptions about human behavior.
- An accepting, nonjudgmental attitude is an important attribute of a counselor.
- Counselors who choose to drink themselves need to be comfortable with their own drinking behavior.
- Everyone is raised with cultural values and biases of which they must be aware lest they interfere with the counseling process.
- Clients are individuals, each with a unique set of needs.
- The counselor plays a role in helping the client to change.
- The counselor's level of functioning in interactions with the client is related to client change.
- Clear and precise communication is essential to the helping relationship.
- A consistent approach to counseling can improve client/counselor interaction.
- A systematic counseling process helps make a counselor accountable.
- Alcoholism counselors have a role in prevention.
- The counselor's role includes being an advocate for the client.
- The counselor has an obligation to respect the client's right to privacy.

- An alcoholism counselor's responsibility extends to staying informed about information regarding all aspects of alcohol and alcoholism.
- It is the ethical responsibility of the alcoholism counselor to provide the most facilitative services possible to the client.
- Personal and professional growth is necessary to maintain effective counseling.
- Clinical supervision is directly related to counselor job satisfaction and indirectly to client outcome.
- Personal and professional growth is a lifelong process.
- Counselors are responsible to themselves, clients, other professionals, and society.
- Contributions of helping persons to the recovery of alcoholic clients are both overlapping and complementary.
- The counselor cannot meet all needs of all clients.
- All counselors cannot work effectively with all clients.
- Counselors should recognize and accept their own limits.

Alcohol and Alcoholism

- Alcoholism is a treatable disease.
- Early intervention is desirable in effective treatment of alcoholism.
- Stigma remains a barrier to seeking treatment for alcoholism.
- Alcoholism can engender maladaptive behavior from one generation to another.
- Denial is frequently found in alcoholic individuals.

- Alcoholism is a family disease.
- Relapse is not unusual in a chronic disease.
- There is no one approach to treating alcoholism that has been shown to be superior to all others.
- Recovery takes time.
- Recovery, though following a predictable pattern, varies for each individual.

Alcoholism Counseling and Treatment

- Prevention and treatment are interrelated.
- Alcoholism treatment is a collaborative effort.
- Alcoholics Anonymous and alcoholism treatment may be complementary in the recovery process.
- Successful treatment of alcoholism involves the whole family, not just the alcoholic.
- The ultimate responsibility for the nature and direction of change lies with the client.
- Confrontation by significant others is useful in facilitating a client's entry into treatment.
- Intervention must not be used to satisfy one's own power needs.
- Intervention may fail.
- Helping the client to recognize his or her defenses and use them appropriately is one key to the recovery process.
- Extreme use of defenses can keep clients from realizing what their drinking is doing to them.

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- Some defenses may serve a useful purpose.
- Personal responsibility is one goal of effective counseling.
- The counseling relationship can promote unhealthy dependency in clients.
- In effective counseling, the focus is on the whole person.
- The client has a right to dignity, respect, and privacy when divulging information.
- Thorough and careful assessment is essential to effective treatment.
- Effective treatment plans are geared to the client as an individual.
- Effective treatment planning requires cooperation between the counselor and the client.
- Treatment is more likely to be effective if the client makes a choice among alternatives.
- Realistic client goals will increase the chances for successful treatment of alcoholism.
- Effective treatment plans are specific to client needs.
- Maintaining accurate written client records is essential to assuring provision of quality client care.
- The counselor is responsible for maintaining complete and accurate client records.
- Client goals may change over time and need to be reassessed.
- Family health is the responsibility of the whole family.
- Family members have a right to their own recovery regardless of the alcoholic person's decision.

- Family education is an important part of the treatment process.
- Group counseling is usually helpful in the treatment process.
- Group counseling is not appropriate for every client.
- Group counseling is not counseling individuals in a group.
- Quality of consultation from other staff members depends on the quality of information they receive.
- Preparation and support for referral increases likelihood of completion.
- Appropriate information reduces client anxiety.
- Effective termination of the counseling relationship contributes to client growth.
- Termination is an unavoidable issue.
- Follow-up with client and resource contributes to quality and continuity of care.
- Outcome (effective recovery) is more important than the process (how one gets there).

Service Delivery System

- Clients' rights include privacy and confidentiality.
- The primary purpose of Federal, State, and local regulations is to protect the right of clients to quality service.
- The counselor has a legal and professional responsibility to observe confidentiality regulations.
- A guarantee of client confidentiality can overcome a common reason for client reluctance in seeking alcoholism treatment.

- Counselor attitudes about fee for service are important to a professional approach to work.
- A counselor's time has monetary value.
- There is therapeutic value in a client's accepting responsibility for payment.
- Community involvement is essential to the treatment of alcoholism.
- The community needs to be aware of its own alcohol problem and the resources available to treat it.
- Information communicated to the public must be accurate.
- Educational presentations deserve careful planning.

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A Note to Users

(continued from inside the front cover)

IF YOU WANT	THEN
. . . to review or develop educational requirements for alcoholism counselor certification and/or develop guidelines for assessing courses that are submitted to meet those requirements . . .	see the Organizational Scheme for Instructional Units on page 57 for an overview of the scope of content; see Appendix A on page 187 and compare the PACE alcoholism counseling definition and activity statements to your certification standards, noting any discrepancies; develop activity statements and content outlines for the areas of discrepancies; read Section Four, Issues to Consider in Developing or Selecting an Instructional Program, on page 177 for principles of instructional program design and administration.
. . . to assess existing knowledge and skills as a basis for planning continuing education for self or others . . .	read Section Two, Alcoholism Counseling Activities and Related Knowledge, Skills, and Attitudes, on page 9 putting a check next to the knowledge and skills that need strengthening given prior education, work experience, anticipated job demands, client characteristics, and the current performance of the person being assessed.
. . . to find some references for independent study . . .	use the Index to locate your topic of interest among the Instructional Units in Section Three; review the References and Additional Resources at the end of each selected unit.